

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: WASHINGTON
Permit #: GW40153
Driller: SIDNEY COOK
Date drilling completed: 4/20/05

For Office Use Only:
Aqiter: _____
Well #: B-83
L.S. Elevation: _____
E-Log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>MAXWELL FARMS</u> | Latitude: <u>N 33° 27.5'</u> Longitude: <u>W 90° 68'</u> |
| Mailing Address: <u>816 HWY 448</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS |
| <u>BENOIT</u> <u>MS</u> <u>38725</u> City State Zip Code | <u>SW 1/4 NE 1/4 Sec 20 Twn 19N Rng 7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2 1/2 Miles NE of METCALF</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 4/20/05 Date well drilling completed: 4/20/05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 4/20/05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing Length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen Length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 0 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

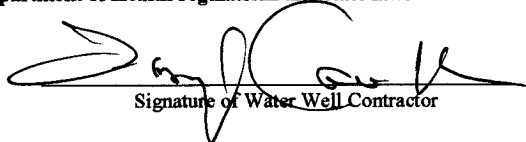
Top of lap pipe or reduction in casing: _____ feet If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Sidney Cook #0-289
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: WASHINGTON
 Permit #: 6w 40153
 Driller: SIDNEY COOK
 Date completed: 4/20/05

For Office Use Only:

Aquifer: _____
 Well #: B-83
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|--|
| Owner Name <u>MAXWELL FARMS</u> | Latitude: <u>N 33° 27.5'</u> Longitude: <u>W 90° 68'</u> |
| Mailing Address: <u>816 HWY 448</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>BENOIT</u> MS <u>38725</u> City State Zip Code | <u>SW 1/4 NE 1/4</u> Sec <u>20</u> Twn <u>19N</u> Rng <u>7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2 1/2</u> Miles <u>NE</u> of <u>METCALF</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> HP |
| Date Pump Installed: <u>4/29/05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>31</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B)-(A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Matt Stephens #0-743P
 Print Name of Pump Installer and License No. (if applicable)

Matt Stephens
 Signature of Pump Installer