

County: Washington
 Permit #:
 Driller: Charles M. Nichols (Justin)
 Date drilling completed: 4-20-07

State Well Report Part 1 - Driller's Log

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)

For Office Use Only:
 Aquifer:
 Well #: E-208
 L. S. Elevation:
 E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>BALLARD FARMS</u> Mailing Address: <u>3392 Old Hwy 61</u> <u>Leland MS 38756</u> City State Zip Code Telephone No. ()</p>	<p>Well or Borehole Location</p> <p>Latitude: 33° 32' 13.1" Longitude: 90° 54' 23.0" <u>33 21 35</u> <u>90 54 35</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 34 Twn 18N Rng 7W</u> Distance Direction Nearest town <u>1 1/2 Miles South of Leland</u></p>
--	--

Well / Borehole Data

Date drilling started: 5-19-07 Date drilling completed: 5-20-07 Hole depth: 600 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: Community system
 Method of dosing and volume of Chlorine used in drilling and development: H 7 H

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
 Name of organization running log(s):

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe):

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Farm Shop

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

Static Water Level: 41 feet above or (below) (circle one) land surface Date measured: 5-20-07

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

Well depth: 600 Well grouted to a depth of 10 feet Type of grout (circle one): (None) Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4 x 3 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 3 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 560 feet to 600 feet

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

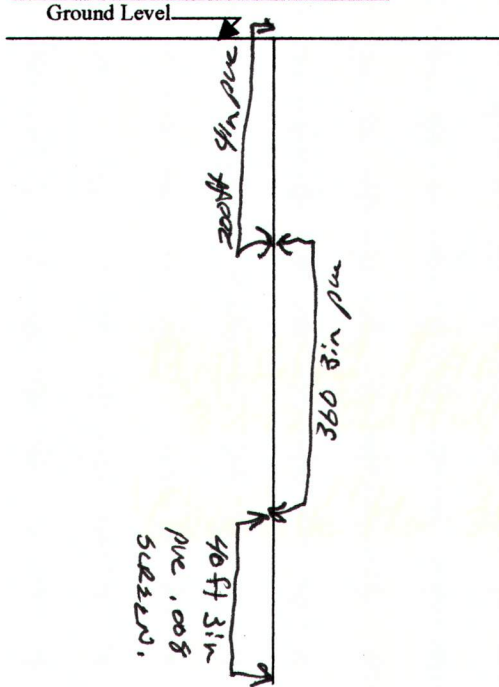
Top of lap pipe or reduction in casing: 200 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

RECEIVED
 JUN 27 2007
 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	37
med to coarse sand	37	60
Course sand + p-gravel	60	120
Clay	120	390
Sand + shell	390	490
med sand	490	600

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Fred Ballard

Form: OLWR-SWR-1A

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

Charles M. Nichols 0-0667 6-24-07 Charles M. Nichols
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 JUN 27 2007
 BY: OLWR

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 #: _____
 Driller: Charles M. Nichols
 Date completed: 4-20-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-208
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>BALLARD FARMS</u>	Latitude: <u>33° 32' 13" N</u> Longitude: <u>090° 54' 23" W</u> <small>21 35 35</small>
Mailing Address: <u>3392 Old Hwy 61</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville Ms 38701</u> <small>City State Zip Code</small>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. () _____	<u>1/2</u> Miles <u>South</u> of <u>Leban</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Replacement</u>	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>5-18-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>9</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>41</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.

Charles M. Nichols 0-0667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
 JUN 27 2007
 BY: OLWR