

County: Washington
 Permit #: OLW 42715
 Driller: Charles M. Nichol
 Date drilling completed: 5-5-08

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 #: F-159
 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>Fratesi P.L.T.G. Co.</u> Mailing Address: <u>1402 Hwy 82E</u> <u>Leland MS 38756</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 22.826' N</u> Longitude: <u>090° 50.934' W</u> <u>50</u> <u>56</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 29 Twn 18N Rng 6W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Leland</u></p>
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Well / Borehole Data

Date drilling started: 5-5-08 Date drilling completed: _____ Hole depth: 105 Hole diameter: 26 in

Location of the source of any surface water used for drilling: Bogus
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: _____

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

Static Water Level: 21 feet above of below (circle one) land surface Date measured: 5-5-08

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Other

Casing length: 65 feet Casing diameter: 16 inches Type of casing: plu

Screen length: 40 feet Screen diameter: 16 inches Type of screen: plu

Screen slot size: .035 inches Setting depth: From 65 feet to 105 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 next page*

Delta Irrigation

Form: OLWR-SWR-1A

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OWE/2715

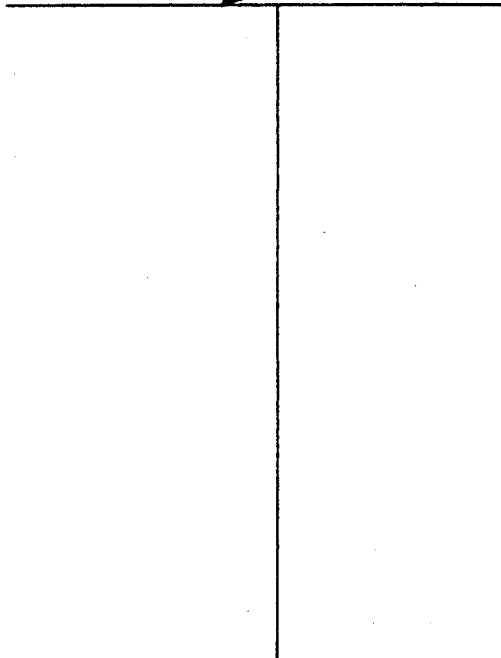
F-159

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

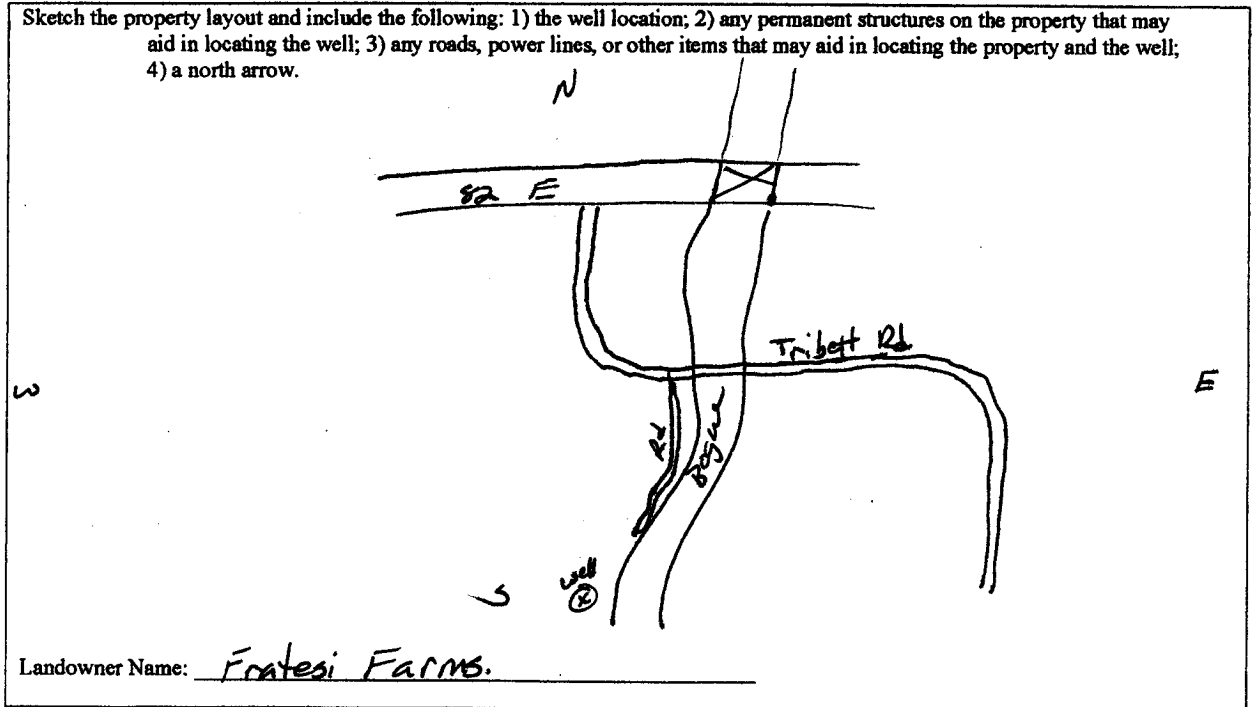
Ground Level.



Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	6
clay	6	20
med sand	20	50
med to coarse sand	50	60
coarse sand - p-gravel	60	85
fine to med sand	85	95
coarse sand + p-gravel	95	103
clay	103-	105

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.



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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 0-0667 Date 7-6-08 Signature of Licensee

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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 #: 010012775
 Driller: Charles M. Nichols
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-159
 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>Fratesi P.L.Tg. Co</u>	Latitude: <u>33°22'26" N</u> Longitude: <u>090°50'34" W</u>
Mailing Address: <u>1402 Hwy 82E</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leland MS 38756</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Leland</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>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2-12</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>21</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 <u>2500</u> 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

Delta Irrigation

Form: OLWR-SWR-1B

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