

County: WAYNE
 Permit #: 0-205
 Driller: GILBERT CARR
 Date drilling completed: 11-28-08

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-120
 I. 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.

Information on Well Owner (Landowner of borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>DANIEL ARRINGTON</u>	Latitude: <u>89° 52' 32.2"</u> Longitude: <u>31° 44' 76.8"</u>
Mailing Address: <u>60 WILL ARRINGTON RD</u> <u>SHUBTA MS 39360</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>NW 1/4 SW 1/4 Sec 14 Twn 9N Rng 9W</u>
Telephone No: <u>(601) 381 0919</u>	Distance: <u>4 1/2</u> Miles Direction: <u>South</u> of Nearest Town: <u>EV CUTHA</u>

Well / Borehole Data

Date drilling started: 11-26-08 Date drilling completed: 11-28-08 Hole depth: 123 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Well WATER

Method of logging and volume of Chlorine used in drilling and development: 1500 gal 60Z mud pit

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

Name of responsible logging log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Scientific Survey _____ Other (describe): BLUE BERRY FARM

Note: If 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: 52' feet above or (below) (circle one) land surface Date measured: 11-28-08

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

Well depth: 123 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 113 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC WRP

Screen slot size: 10/10 inches Setting depth: From 113 feet to 123 feet

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

Other (describe): _____

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

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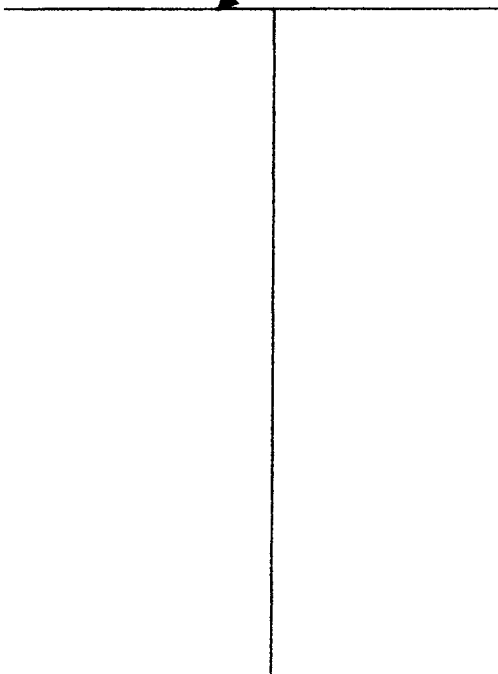
F-120

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)
Top Soil	Ground Level	1
SANDY Yellow CLAY	1	10
Yellow CLAY	10	11
Yellow + white CLAY	11	19
SANDY white CLAY	19	25
Yellow + white CLAY	25	51
Coarse white SAND	51	57
White CLAY	57	78
Fine to med white SD	78	81
Fine BROWN SAND	81	90
Fine white SAND	90	117
med to Coarse white SD	117	122
CLAY	122	123

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.

Hwy 84 west to Whistler Right on Eucutta Rd
to Altar Pleasant Grove Rd Left App 1/2 miles
on Right will Arring toward about 1 mile Berry Farm
on Left side of Rd well Right by Fence across
from use trailer

Landowner Name: Daniel Arrington

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.

Gilbert Carr 02205 11-29-08
Print Name of Responsible Licensee and License No.

Gilbert Carr
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: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date completed: 11-29-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-120
 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>DANIEL ARRINGTON</u>	Latitude: <u>88°52-322</u> Longitude: <u>31°44°768</u>
Mailing Address: <u>BOWILL ARRINGTON RD</u> <u>SHUBTA MS 39360</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>NW 1/4 SW 1/4 Sec 14 T9N R9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>601</u>) <u>381 0918</u>	<u>4 1/2</u> Miles <u>South</u> of <u>EUCUTTA</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): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11-29-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-28-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>52</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>84</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>32</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

GILBERT CARR 0.205 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B

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