

10/29/2007 08:40 6014281435

A-1 DRILLING SERVICE

PAGE 01

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)

For Office Use Only:

Aquifer: _____
Well #: 5-109
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: M. Baughman
Date drilling completed: 9-29-07

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>Amber's Blueberry Farm</u>	Latitude: <u>31° 35' 39.3"</u> Longitude: <u>88° 38' 51.0"</u>
Mailing Address: <u>36 Long White Dr</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Waynesboro Ms. 39367</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>7N</u> Rng <u>7W</u>
Telephone No. <u>(601) 735-9840</u>	Distance <u>2.312</u> Miles Direction <u>E</u> of Nearest Town <u>Clara</u>
Well Data	
Purpose of Well (circle one) Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>9-25-07</u> Date well drilling completed: <u>9-29-07</u>	
If flowing, method of flow regulation: Valve <input type="checkbox"/> Other (describe) _____	
Static Water Level: <u>92'</u> feet above or below (circle one) land surface Date measured: <u>9-29-07</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input checked="" type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>260'</u> Well depth: <u>259</u> Well grouted to a depth of <u>12</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>224</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30'</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>slotted PVC</u>	
Screen slot size: <u>10' .008</u> inches Setting depth: From <u>224</u> feet to <u>259</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
I certify that the well was 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.	
<u>Mike Baughman 587</u>	<u>Mike Baughman</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED
OCT 29 2007
BY: OLWR

10/29/2007 08:40 5014281435

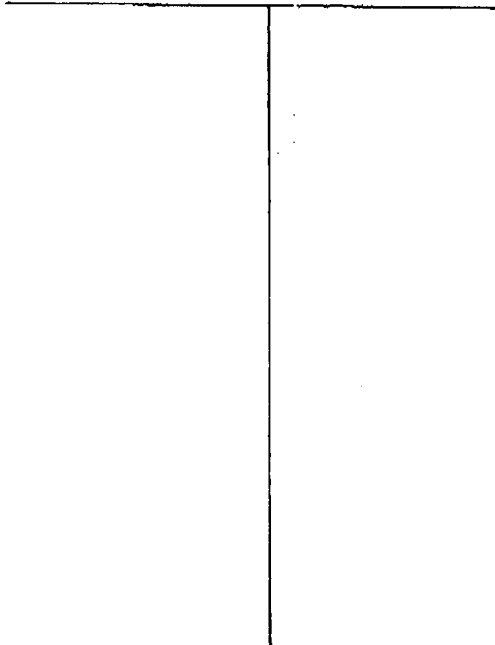
A-1 DRILLING SERVICE

PAGE 02

5-109

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

From To

Tan clay	0	10
gray clay	10	66
Sand	66	89
clay	89	125
Sand	125	161
clay w/ sandy streaks	161	175
clay	175	200
Sand w/ small clay breaks	200	212
Sand	212	259
clay	259	260

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) indicate direction.

Landowner Name: Jerry Hotta

Signature of Water Well Confirator

RECEIVED OCT 29 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)

For Office Use Only:

Aquifer: _____
 Well #: 5-109
 Elevation: _____

County: Wayne
 Permit #: _____
 Driller: M. Baughman
 Date completed: 9-29-07

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

Well Owner Information	Well Location
Owner Name: <u>Amber's Blueberry Farm</u>	Latitude: <u>31° 35.393'</u> Longitude: <u>88° 38.510'</u>
Mailing Address: <u>36 Lacy V. Hutto Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro</u> <u>Ms.</u> <u>39367</u>	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1 3/2</u> Miles <u>E</u> of <u>Clara</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-5-07</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-27-07</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>92'</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.

Mike Baughman 587 Shili Baughman
 Print Name of Pump Installer (and License No. (if applicable)) Signature of Pump Installer

RECEIVED
 OCT 29 2007
 BY OLWR