

8463

County: Bolivar
 Permit #: GW42863
 Driller: Pete's Well Drilling
 Date drilling completed: 8-25-08

Well Driller Report and Well 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 #: A-120
 I. 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>H & G Farms</u>	Latitude: <u>34° 06' 55.1"</u> Longitude: <u>90° 51' 50.4"</u>
Mailing Address: <u>P.O. Box 26</u>	<u>01 15</u> <u>49 33</u>
<u>Shelby MS 38774</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, <u>hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 398-5121</u>	<u>SE 1/4 SW 1/4 Sec 21 Twn 25N Rng 6W</u>
	Distance Direction Nearest Town
	<u>7</u> Miles <u>NW</u> of <u>Shelby</u>

Well Data

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

Date well drilling started: 8-25-08 Date well drilling completed: 8-25-08

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 8-25-08

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .32 inches Setting depth: From 60 feet to 100 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 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.

Pete's Well Drilling 0430
 Print Name of Water Well Contractor and License No.

Pete Sapperton
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.
 Replaces GW08439

RECEIVED

OCT 13 2008

BY: OLWR

A. 120

Ground Level

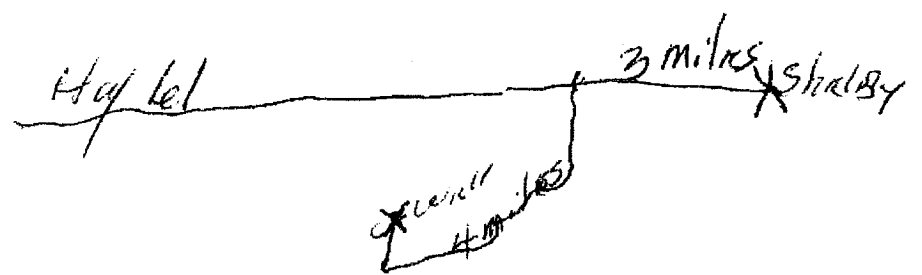
Description of Formations Encountered

From To

Ground Level	Description of Formations Encountered	From	To
	CLAY	0	40
	CORRED SAND & GRAVEL	40	100

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: H & G Farms


Signature of Water Well Contractor

RECEIVED
OCT 13 2008
BY: OLWR

Job 8463

BY: OLWFB

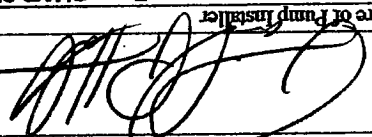
OCT 13 2008

RECEIVED

Form: OLWR-SWR-1B

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

Print Name of Pump Installer and License No. (if applicable) David R. Holt 0-752P

Signature of Pump Installer 

Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Method of Measuring Water Level Air Line _____ Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
---	---

Pump Type Circle one Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>9-12-08</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Power Type Circle one Diesel Engine <u>Diesel Engine</u> Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
---	---

Well Owner Information Owner Name: <u>R & G Farms</u> Mailing Address: <u>P.O. Box 26</u> City: <u>SHELBY</u> MS <u>38774</u> State: _____ Zip Code: _____ Telephone No. (Area): <u>398-5121</u>	Well Location Latitude: <u>34° 01' 01"</u> Longitude: <u>90° 49' 34"</u> Method of Lat/Long (check one): <u>Conventional Survey</u> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ Distance _____ Miles _____ Direction _____ Nearest Town: <u>SHELBY</u>
--	---

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

For Office Use Only:

Agiter: _____

Well #: A-120

Elevation: _____

Part 2

STATE WELL REPORT

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: BOLIVAR

Permit #: _____

Driller: PETE'S WELL DRILLING

Date completed: 8-25-08

Copy information from block on Part I