

HE + SF Properties #1
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: D173
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW 43813
Driller: J. NEWCOME 0-773
Date drilling completed: 6-8-10

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>HE + SF Properties LP</u>	Latitude: <u>33° 56' 47"</u> Longitude: <u>90° 51' 44"</u>
Mailing Address: <u>PO Box One</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Macon, GA 31202</u>	USGS quad, <u>Hand-held GPS</u> SE ^{OK} 1/4 NW 1/4 Sec <u>7</u> Twn <u>24N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town <u>6</u> Miles <u>WEST</u> of <u>SHELBY</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 6-8-10 Date well drilling completed: 6-8-10

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 70 feet to 110 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.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
AUG 02 2010
BY: OIWR

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: D173
 Well #: _____
 Elevation: _____

County: Bolivar
 Permit #: 6W43813
 Driller: J. Newcome 0-773
 Date completed: 6-9-10

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>HE + SF Properties LP</u> Mailing Address: <u>PO Box One</u> <u>macon, GA 31202</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 56' 47"</u> Longitude: <u>90° 51' 44"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>7</u> Twn <u>24N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>6</u> Miles <u>W</u> of <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6/9/10</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ 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	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cony Rowe 0-711P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 AUG 02 2010
 BY: OLWR