

HE SP #3

# 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: D174  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: GW43812  
Driller: J. NEWCOME 0-773  
Date drilling completed: 6-9-10

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' 12"</u> Longitude: <u>90° 51' 34"</u>
Mailing Address: <u>PO Box One</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Macon, GA 31202</u>	USGS quad: <u>NE 1/4 NW 1/4 Sec 18 Twn 24 N Rng 6 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles Direction: <u>WEST</u> of Nearest Town: <u>SHELBY</u>
Telephone No. (____) _____	

**Well Data**

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

Date well drilling started: 6-9-10 Date well drilling completed: 6-9-10

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: .050 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.

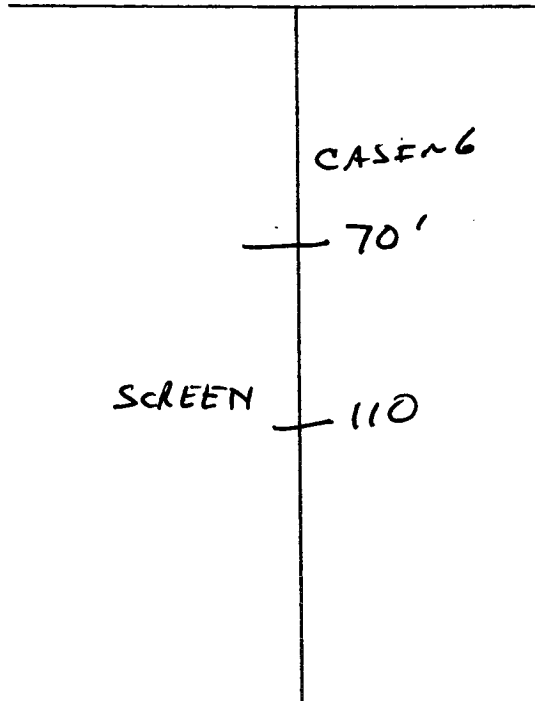
John Newcome 0-773  
Print Name of Water Well Contractor and License No.

JOHN NEWCOME 00951  
Signature of Water Well Contractor

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AUG 02 2010  
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

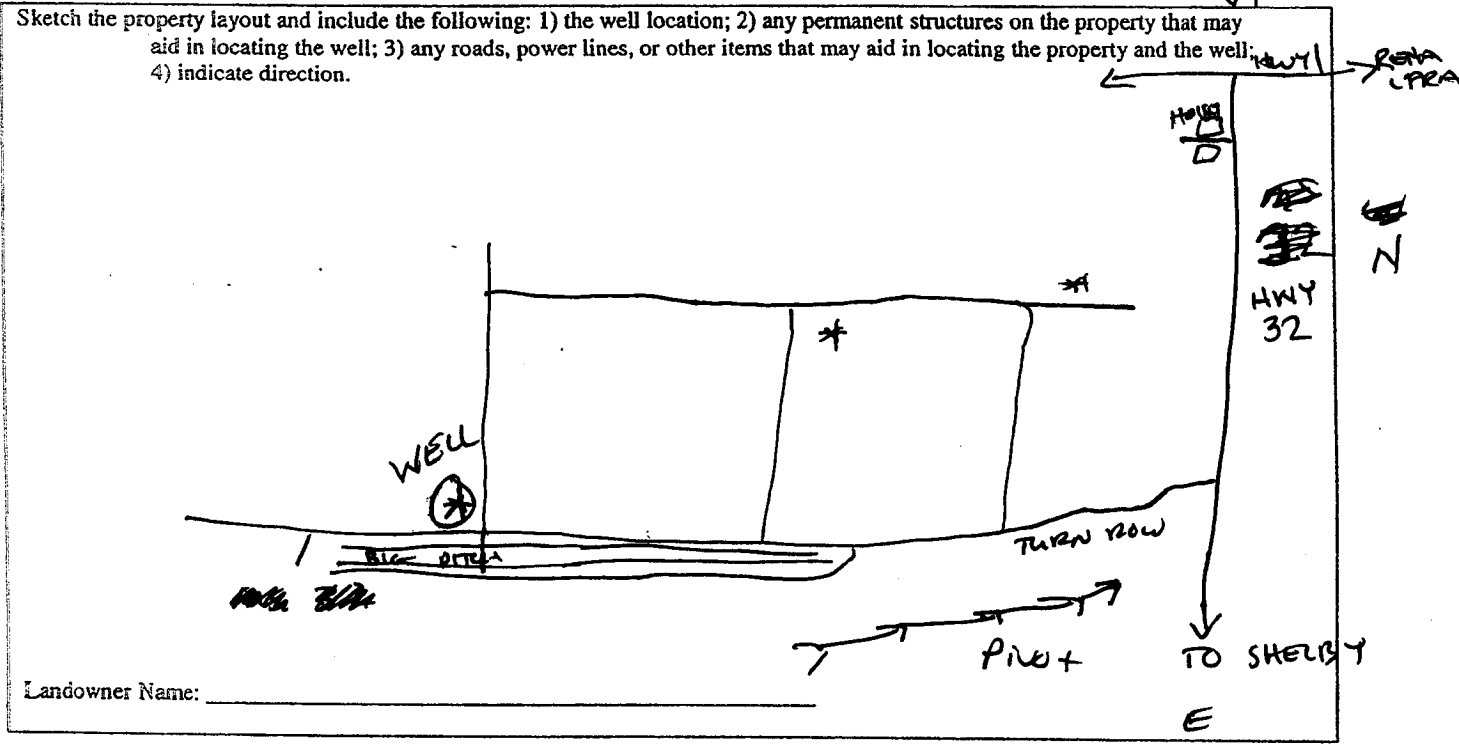


Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	30
FINE SAND	30	60
COARSE SAND-GRAVEL	60	113

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.

ESS



John Nowak  
Signature of Water Well Contractor

# 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: D174  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW43812  
 Driller: S. Newcome 0-773  
 Date completed: 6-8-10

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>	Latitude: <u>33 56 12</u> Longitude: <u>90 51 34</u>
Mailing Address: <u>PO Box One</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>macon, GA 31203</u>	USGS quad: <u>NE 1/4 NW 1/4 Sec 18 Twn 24N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>6</u> Miles <u>W</u> of <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6/8/10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

C. Rowe 0-711P  
 Print Name of Pump Installer and License No. (if applicable)

C. Rowe  
 Signature of Pump Installer

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 AUG 02 2010  
 BY: OLWR