

17-42
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: N141
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: OW 441166
Driller: J. NEWCOME 0-773
Date drilling completed: 6-14-10

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>H + H Farms #2</u> | Latitude: <u>33° 40' 09"</u> Longitude: <u>91° 00' 02"</u> |
| Mailing Address: <u>% Ed Hester</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>PO Box 118</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Benoit, MS 38725</u> | SE <u>1/4</u> SW <u>1/4</u> Sec <u>26</u> Twn <u>21N</u> Rng <u>8W</u> |
| City State Zip Code | Distance <u>1</u> Miles Direction <u>NW</u> of Nearest Town <u>Benoit MS</u> |
| Telephone No. () _____ | |

Well Data

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

Date well drilling started: 6-14-10 Date well drilling completed: 6-14-10

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: 0.050 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.

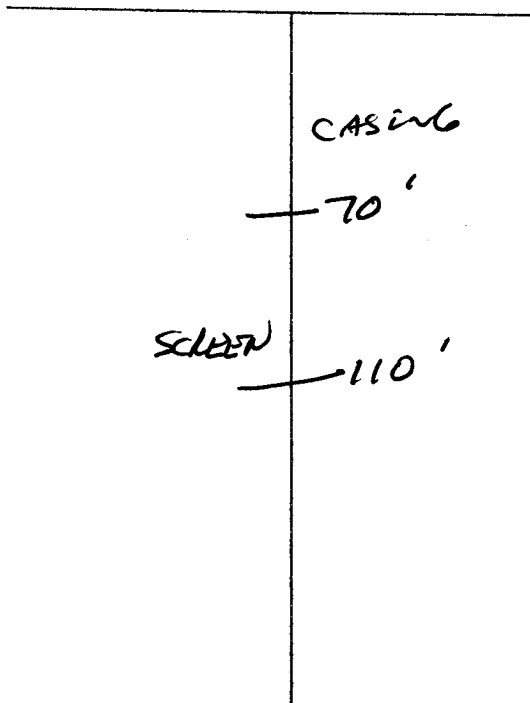
[Signature]
Signature of Water Well Contractor

Redrill NO
Permit

RECEIVED
AUG 02 2010
BOLIVAR

If well telescopes please sketch below and show depths.

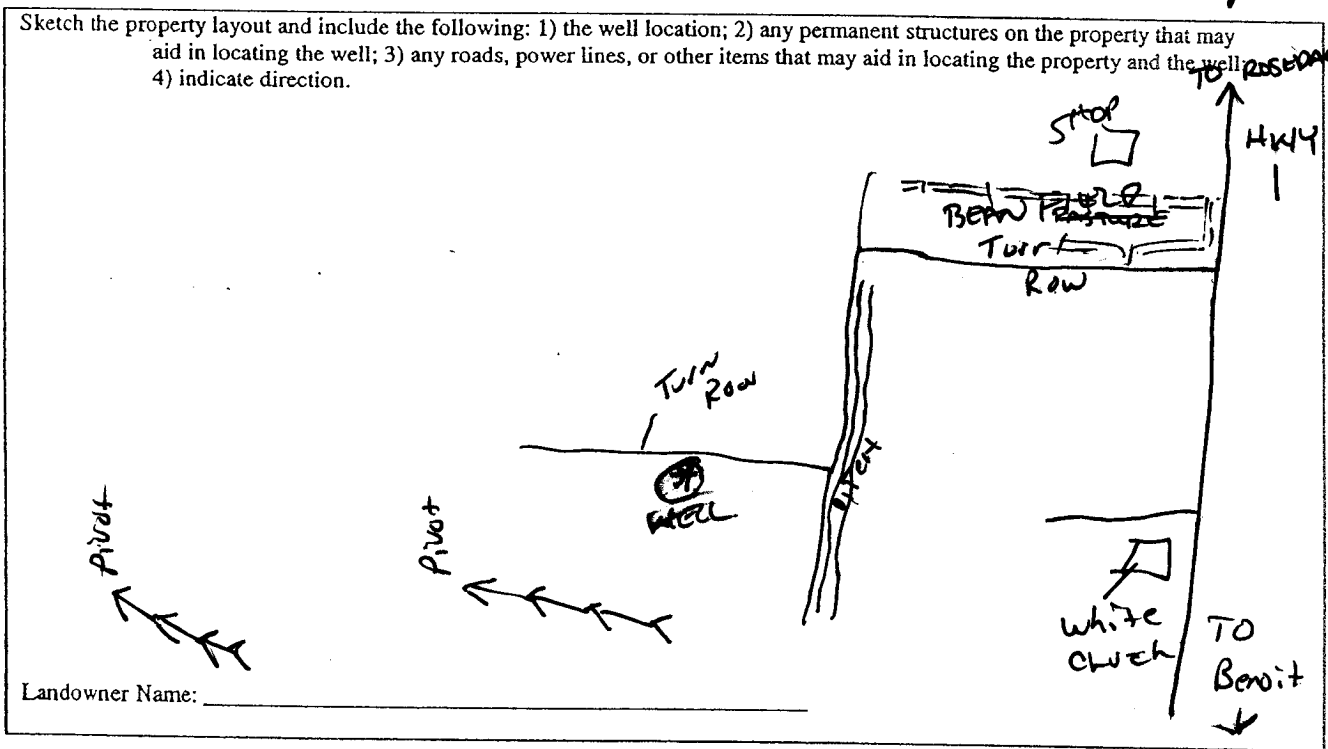
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 10 |
| Mix CLAY | 10 | 30 |
| Med. Sand | 30 | 70 |
| COARSE Sand-gravel | 70 | 113 |
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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: _____

John Newsome
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: N141
 Well #: _____
 Elevation: _____

County: Bolivar
 Permit #: 60041466
 Driller: S. Newcome 0-773
 Date completed: 6-14-10

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>H + H Farms # 2</u> | Latitude: <u>33 40 09</u> Longitude: <u>91 00 02</u> |
| Mailing Address: <u>1/2 Ed Hester</u> <u>PO Box 118</u> <u>Benoit, ms 38725</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| Telephone No. () _____ | <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>26</u> Twn <u>21N</u> Rng <u>8W</u> |
| | Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>Benoit</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6/14/10</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.

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

[Signature]
 Signature of Pump Installer

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 AUG 02 2010
 BY: OLIVER

Redmill
 NO Permit