HE'H "2					
· · · · · · · · · · · · · · · · · · ·		ell Report			
County: BOLIVAR	Part 1		For Office Use Only:		
110 011613	Mississippi Department of Environmental Quality		Aquifer: 0 145		
Permit *	Office of Land and Water Resources P.O. Box 10631		Well #:		
Driller: J. NEWGME 0.113		S 39289-0631	L. S. Elevation:		
Date drilling completed: 7-12-10		961-5210	E-log #:		
	(601)354-6938 (fax)		E-log #:		
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	rith the Department within		
30 days of completion of drilling	g of the well.		1 Location		
Well Owner Inform	auou _		ļ.		
Owner Name H+H FEMMS #2 Latitu		Latitude 25. 37. 03	" Longitude 90 ~ 77.		
Mailing Address: COEd Hoster Method of Lat/Long (circle one): Conventional			ne): Conventional Survey,		
PG Box 1	18	USGS quad, Hand-held GPS Survey-grade GPS			
Benait 1	ns 38.02	NA 14 NE 14 Sec 3			
City S	tate Zip Code	5W SE 3 Distance Direction	4 21N		
Telephone No. ()		Miles SE			
		Data	* replacement		
E (au) 00 47 2					
Turpose of West (excellented) Atomic					
Date well drilling started: 7-12-10 Date well drilling completed: 7-12-10					
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: 123 Well depth: 120 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 80 feet Casing diameter: 14 inches Type of casing: Pro					
Screen length: 40 feet Screen diameter: 14 inches Type of screen: PVC					
Screen slot size: •0 50 inches Setting depth: From 80 feet to 120 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.					

A This is a redrill of a sanded-partition well Cemergency redrill) no permit AND AND PERMIT AND APPRIED APPRIED TO drilling

Print Name of Water Well Contractor and License No.

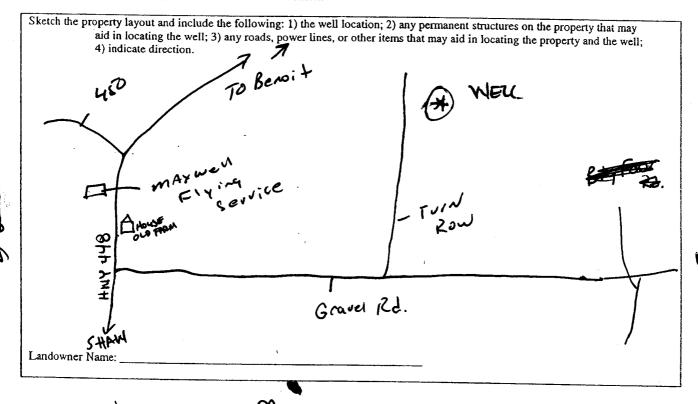
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	To
	Mop Soil		10
a as tak	Mix Clay	10	20
(//5/-	Med. Fine Sand	20	B
		80	12
	Coarse Sand - Kock's		
SCREW 120		ļ	
,			-

If more than one screen, show location of each on sketch

nature of Water Well Contractor



STATE WELL REPORT

County: Bolivar

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

For Office Use Only:				
Aquifer.	0145			
Well #:				
Elevation:				

	01)961-5210)354-6938 (fax) Elevation:			
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: H&H Forms #2				
	Latitude: 33 37.03 Longitude: 90 54.27			
Mailing Address: CO GO HOSTER	Method of Lat/Long (circle one): Conventional Survey,			
P6 B0× 118				
	USGS quad Hand-held GPS Survey grade GPS			
Benoit, MS 38725	NU 14 NE 14 Sec 3 Twn 2010 Rng 7W			
City State Zip Code	16h) GF (31) 1h			
•				
Telephone No. ()	5 Miles St of Benoit			
Pump Type Circle one	Power Type			
	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed:	Setting Depth:			
Rated Pump Capacity: 2800 Gallons Per Minute	Number of Stages:			
Pump Test Data				
_	Method of Measuring Water Level Circle one			
Date Well Tested:	•			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
	Other-(specify):			
Pumping Water Level (B):Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge				
Cour Kowe O-THP				
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				
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AUG 1 9 2010

