

FAXED

3-4-08

State Well Report Part I - Driller's 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 #: 5-123
L.S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: 6042356
Driller: Ronnie D.H.
Date drilling completed: 3-1-08

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>H H Farms</u>	Latitude: <u>N33° 36' 59.6"</u> Longitude: <u>W90° 52' 20.3"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (check one): Conventional Survey, <u>12</u>
<u>Benoit</u> <u>MS</u> <u>38725</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 12</u> <u>W 20 N Rng 7 W</u>
Telephone No. <u>(662) 742-3335</u>	Distance Direction Nearest Town <u>12</u> Miles <u>West</u> of <u>Shaw</u>

Well / Borehole Data

Date drilling started: 3-1-08 Date drilling completed: 3-1-08 Hole depth: 120' Hole diameter: 24"

Location of the source of any surface water used for drilling: Existing well 1320' west *Replaced*

Method of dosing and volume of Chlorine used in drilling and development: Granulated 5lbs *etc 1992*

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block.

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

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 3-3-08

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 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: N/A feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A

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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)

County: ESQUIVALE
Permit #: 00042357
Driller: Mike Wells
Date completed: 3-3-08
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: 5-123
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>HIT FARM</u>	Latitude: <u>N 33° 36' 59.6"</u> Longitude: <u>W 90° 52' 20.3"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Beauville</u> MS <u>38725</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 742-3335</u>	Distance Direction Nearest Town
	<u>12 Miles West of Shaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3/3/08</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>ONE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>41'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703
Print Name of Pump Installer and License No. (if applicable)

T.G. Christman
Signature of Pump Installer

Form: OLWR-SWR-1B