

County Bolivar  
 Permit # GW42501  
 Driller Sadie Holce  
 Date drilling completed: 4-24-08

**HEGAR 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 # ~~1207~~ **5-131**  
 L.S. Elevation: \_\_\_\_\_  
 R-log #: \_\_\_\_\_

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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Hegar Brothers Farm</u> Mailing Address: <u>% R.D. REED</u> <u>102 Peninsula Drive</u> <u>Leland MS 38756</u> City State Zip Code Telephone No: <u>(662) 379-1645</u>		<b>Well or Borehole Location</b> Latitude: <u>33° 34' 23"</u> Longitude: <u>W 92° 38' 52"</u> Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>37</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 24 Twp 20N Rng 7W</u> Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____	
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**Well / Borehole Data**

Date drilling started: 4-24-08 Date drilling completed: 4-24-08 Hole depth: 124' Hole diameter: 26"

Location of the source of any surface water used for drilling: existing well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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  Chemical/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: 35 feet above or below (circle one) land surface Date measured: 4-25-08

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): Best 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

42501

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YMD JOINT WATER MANAGEMENT DISTRICT

### 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 Bolivar  
 Permit # 66042501  
 Driller Fredrick Mitchell  
 Date completed 4-25-08  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #. 62075-131  
 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>Hegar Bros Farm</u>	Latitude: <u>N33° 54' 23.3"</u> Longitude: <u>W97° 52' 36.8"</u>
Mailing Address: <u>% R.D. Reed Farm</u> <u>102 Peninsula Dr.</u> <u>Leland MS 38756</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 379-1645</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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>	Electric Motor <input 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): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60hp</u>
Date Pump Installed: <u>4-25-08</u>	Siting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</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	_____ 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.

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer

