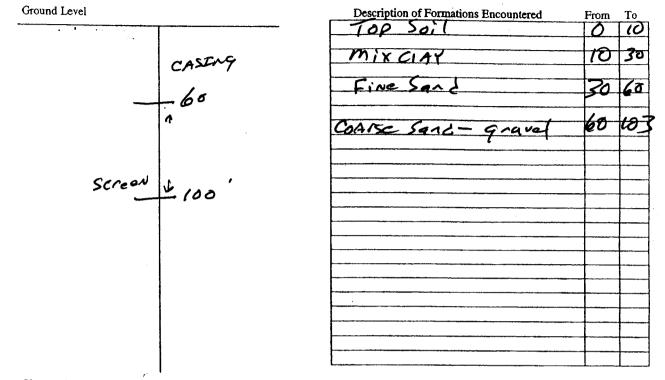
	(+2, 14 Fa	in 12			
		and well all Report			
BOUNAR	State Well Report Part 1		For Office Use Only:		
County: BOLIVAR	Mississippi Department of Environmental Quality		Aquifer:		
Permit #: 6W 43195	Office of Land and Water Resources		Well #: 5-136		
Driller: J. NEWCOME 0-773	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 4-22-09	(601)961-5210				
	(601)354-6938 (fax)		E-log #:		
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed v	with the Department within		
Well Owner Inform	ation		ll Location		
Owner Name H + H Farms # 2		Latitude: 33. 35. 42, Longitude 90.52. 34.			
Mailing Address: 2 Ed Hester		Method of Lat/Long (circle one): Conventional Survey,			
70 Box 118		USGS quad Hand-held GPS Survey-grade GPS			
Bendit ms 38725		NE 1/4 DE 1/4 Sec 2 Twn 20N Rng W			
	-	Distance Direction	of SHAW		
Telephone No. (100) 721-815	55	<u>5</u> Miles <u></u>			
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Puipose of wen (chere one) frome	Purpose of Well (circle one) Home industrial Public Supply inigation Fish Cardo - 11-72 - 09				
Date well drilling started: <u>4 - 22 - 89</u> Date well drilling completed: <u>4 - 22 - 09</u>					
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: 103 Well	depth: 100	Well grouted to a depth o	f 0 feet		
Type of grout (circle one): Cement	Bentonite Min				
Casing length: 60 feet Casing diameter: 14 inches Type of casing: PVC					
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>					
Screen slot size: 050 inches Setting depth: From 60 feet to 100 feet					
Type of completion (circle all applicable): Gravel packer 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	gtun Electric Gamma R	ay Density Sonic Neutron	n Other:		
Name of organization running log(s): _ I certify that the well was drilled, co	networked and assumbled to	n accordance with all annlice	ble requirements of the Mississippi		
Department of Environmental Quali					
Debarment of Environmental Anali	ty and of the mississippin	V V	$\overline{)}$		
JOHN NEWLOME	0-773	Jol	Newa		
Print Name of Water Well Contractor	and License No.	Signatu	re of Water Well Contractor CEIVED		
			MAY 0 8 2009		
			BY: OLWR		

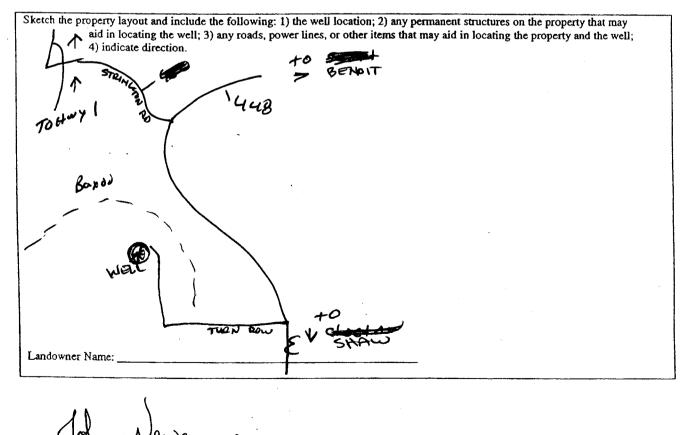
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5-136

If well telescopes please sketch below and show depths.



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



Signature of Water Well Contractor

STATE	WELL REPORT	
Permit #: <u>60043195</u> Driller: <u>J. New Come</u> Date completed: <u>4-22-09</u> Mississippi Depar Office of Li Jackson	Part 2 ller's Completion Report tment of Environmental Quality and and Water Resources .O. Box 10631 on, MS 39289-0631 601)961-5210 1)354-6938 (fax)	For Office Use Only: Aquifer:
This report should be prepared by the pump installer in installation of pump. Well Owner Information Owner Name: <u>H + H Farms # 3</u> Mailing Address: <u>BEL Hetter</u> <u>POBS IIB</u> <u>Benoit, ms 38785</u> City State Zip Code Telephone No. <u>160</u> 731-8155	We Latitude: <u>3</u> 35 4 Method of Lat/Long (circle o USGS quad Han	Il Location D'Lougitude: 90°52'34" ne): Conventional Survey, d-held GPS, Survey-grade GPS Twn 20N Rng 7W Nearest Town
Pump Type Circle one Air Lift Jet Submersible		ower Type Circle one ine Engine Natural Gas
Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Horse Power Rating of Moto Setting Depth:	(specify):
Pump Test Data Date Well Tested:	Air Line Electric Me Other (specify): For flowing well, measured a Well yielded	easuring Water Level Circle one easuring Line Steel Tape Shut in head:feet GPM with a drawdown of hours of pumping
I HEREBY CERTIFY that the above statements are true to the I <u>Comp Rouse</u> 0-711P Print Name of Pump Installer and License No. (if applicable)	best of my knowledge.	RECEIVED

s, •·· •

MAY 0 8 2009

BY: OLWR