

H+H Farm #2

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:
Well #: 5-136
L. S. Elevation:
E-log #:

County: BOLIVAR
Permit #: 6W43195
Driller: J. NEWCOME 0-773
Date drilling completed: 4-22-09

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: Owner Name H+H Farms #2, Mailing Address 70 Ed Hester, PO Box 118, Bennit ms 38725, Telephone No. (602) 721-8155. Well Location: Latitude 33.35.42, Longitude 90.52.34, Method of Lat/Long Conventional Survey, USGS quad NE 1/4 NE 1/4 Sec 12 Twn 20N Rng 7W, Distance 5 Miles, Direction SW, Nearest Town SHAW.

Well Data: Purpose of Well Irrigation, Date well drilling started 4-22-09, Date well drilling completed 4-22-09, Static Water Level, Method of Measurement steel tape, Hole depth 103, Well depth 100, Well grouted to a depth of 10, Type of grout Bentonite, Casing length 60, Casing diameter 14, Type of casing PVC, Screen length 40, Screen diameter 14, Type of screen PVC, Screen slot size .050, Setting depth From 60 feet to 100 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing, Logs run No log run.

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.

John Newcome
Signature of Water Well Contractor

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BY: OLWR

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: _____

Well #: 5-136

Elevation: _____

County: Bolivar
 Permit #: 6W43195
 Driller: J. Newcome
 Date completed: 4-22-09

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° 35' 40"</u> Longitude: <u>90° 52' 34"</u>
Mailing Address: <u>1/2 Ed Hester</u>	Method of Lat/Long (circle one): Conventional Survey
<u>PO Box 118</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Benoit, ms 38725</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>20N</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662</u> <u>721-8155</u>	<u>S</u> Miles <u>E</u> of <u>Shaw</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>4-22-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</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.

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

[Signature]
 Signature of Pump Installer

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