

Bob Barnes

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 #: A-115
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: 6W 41206
Driller: JOHN NEWCOME
Date drilling completed: 4-20-06

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	Well Location
Owner Name: <u>ALPS PLANTATION</u>	Latitude: <u>33.00.26"</u> Longitude: <u>090.58.09"</u>
Mailing Address: <u>C/O BOB BARNES</u> <u>PO BOX 187</u> <u>GRACE, MS. 38745</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec. 1 Twn 13N Rng BW</u>
Telephone No: <u>62-379-1397</u>	Distance <u>2.9</u> Miles Direction <u>North</u> of <u>Grace, Miss.</u>

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: JUL 25 2006

Date well drilling started: 4-20-06 Date well drilling completed: 4-20-06 YMD JOINT WATER MANAGEMENT DISTRICT

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 4-20-06

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

Hole depth: 103 feet Well depth: 100 feet Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 80 feet to 100 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.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

41206

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 Permit #: 610 41206
 Driller: JOHN NEWCOME
 Date drilling completed: 4-20-06

For Office Use Only:
 Aquifer: _____
 Well #: A-115
 L. S. Elevation: _____
 E-log #: _____

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	Well Location
Owner Name: <u>ALPS PLANTATION</u>	Latitude: <u>33.00.26"</u> Longitude: <u>090.58.09"</u>
Mailing Address: <u>C/O BOB BARNES</u> <u>PO BOX 187</u> <u>GRACE, MS. 38745</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 1</u> Twn <u>13N</u> Rng <u>BW</u>
Telephone No: <u>662-379-1397</u>	Distance: <u>2.9</u> Miles Direction: <u>North</u> of Nearest Town: <u>Grace miss.</u>

Well Data

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

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Other (describe): _____

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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.

JOHN NEWCOME 0-773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 JUL 18 2006
 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 #: A-115

Elevation: _____

County: ISSAQUENA
Permit #: GW41206
Driller: JOHN NEWCOMBE
Date completed: 4-20-06

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>ALPS PLANTATION</u>	Latitude: <u>33-00-26</u> Longitude: <u>090-58-09</u>
Mailing Address: <u>C/O BOB BARNES</u> <u>PO Box 187</u> <u>GRACE, MS. 38745</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ¼ <u>NE</u> ¼ Sec <u>1</u> Twn <u>13N</u> Rng <u>8W</u>
Telephone No: <u>662-379-1397</u>	Distance Direction Nearest Town <u>2.9</u> Miles <u>N</u> of <u>GRACE, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	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: <u>20</u>
Date Pump Installed: <u>4-22-06</u>	Setting Depth: <u>70ft.</u> feet
Rated Pump Capacity: <u>1000</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 <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>No Test Run</u> 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.

GLEN ROWE # 710-P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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