

13221
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-121
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: 6W42288
Driller: J. NEWCOME 0-773
Date drilling completed: 11-8-07

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>HOLLYWOOD FARMS</u>	Latitude: <u>32° 50' 83.5"</u> Longitude: <u>90° 53' 69.4"</u>
Mailing Address: <u>C/O BERT DARNELL</u> <u>1191 COLONY FARMS RD</u> <u>GLEN ALLEN, MS 38744</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone: <u>662-873-7376</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>14</u> Twn <u>13N</u> Rng <u>8W</u>
	Distance: <u>2.5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>GRACE</u>

Well Data

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

Date well drilling started: 11-08-07 Date well drilling completed: 11-8-07

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: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 85 feet to 110 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

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

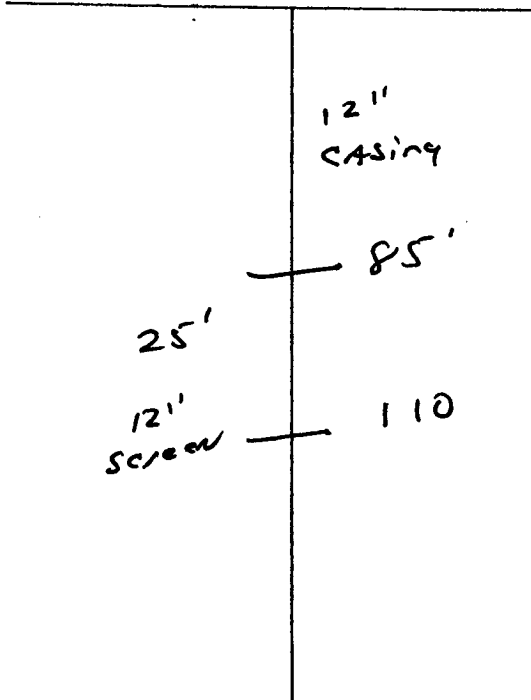
DEC 10 2007

BY: OLWR

A.

If well telescopes please sketch below and show depths.

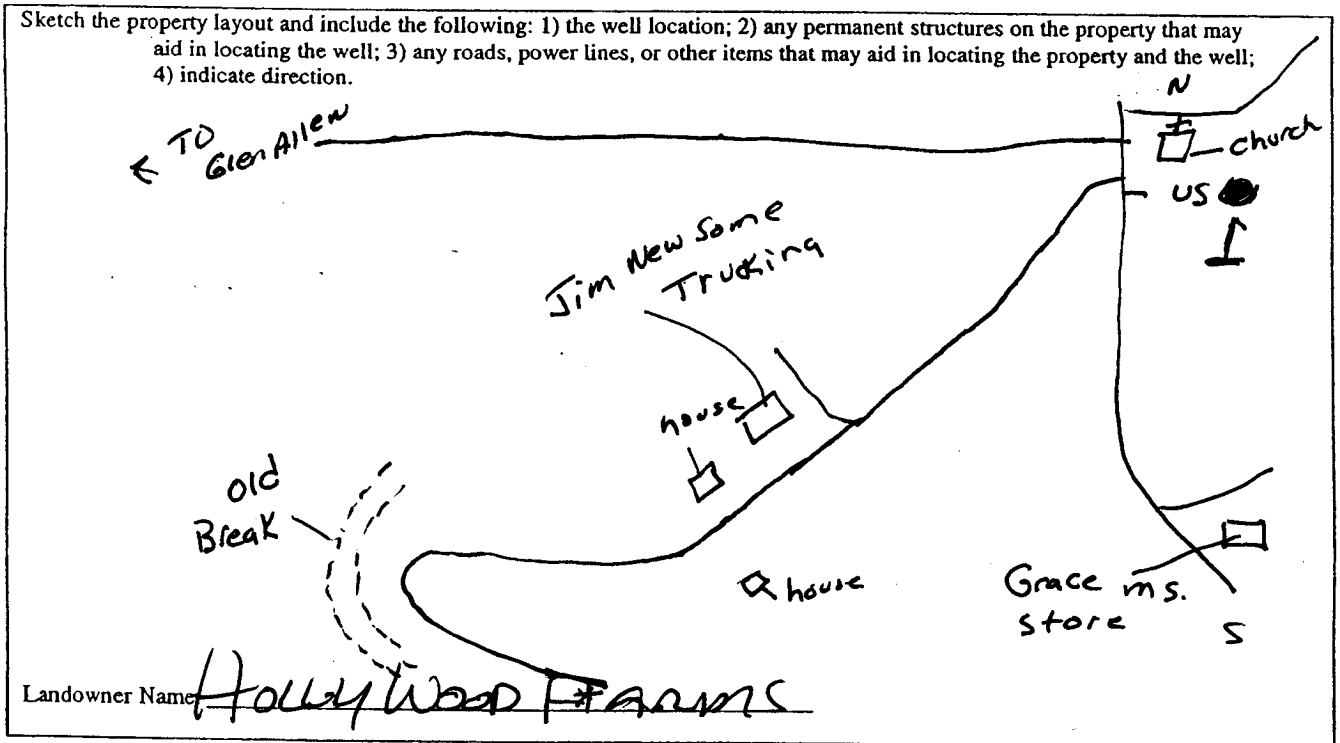
Ground Level

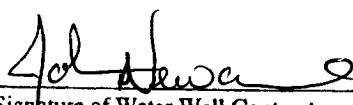


Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	18
FINE SAND	18	85
COARSE SAND	85	105
Gray CLAY	105	113

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Signature of Water Well Contractor


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 #: <u>A-121</u>
Elevation: _____	

County: <u>ISSAQUEENA</u>
Permit #: <u>6W42288</u>
Driller: <u>J. New Rome 0-773</u>
Date completed: <u>11-8-07</u>

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>Holly Wood Farms</u> Mailing Address: <u>c/o Bert D Arngul</u> <u>1191 Colony Farms Rd.</u> <u>GLEN ALLEN, MS. 38740</u> <small>City State Zip Code</small> Telephone No: <u>662-873-7376</u>	Latitude: <u>32-50-83^S</u> Longitude: <u>090-53-68.4</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>14</u> Twn <u>BN</u> Rng <u>8W</u> Distance Direction Nearest Town <u>2.5</u> Miles <u>SW</u> of <u>GRACE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-9-07</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>600</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): <u>NO TEST</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Gren Rowe #710-P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 DEC 10 2007
 BY: OLWR