

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 #: _____
L. S. Elevation: B83
E-log #: _____

County: Issaquena OK
Permit #: 6W-44905
Driller: J. NEWCOME 0.773
Date drilling completed: 7-19-2011

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>Harris Family LTD Partnership</u>	Latitude: <u>32° 53' 03"</u> Longitude: <u>90° 56' 28"</u>
Mailing Address: <u>1221 Watson Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale</u> MS <u>38748</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 NW 1/4 Sec <u>17</u> Twn <u>12N</u> Rng <u>07W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>ROLLING FORK</u>

Well Data

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

Date well drilling started: 7-19-2011 Date well drilling completed: 7-19-2011

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 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
Print Name of Water Well Contractor and License No.

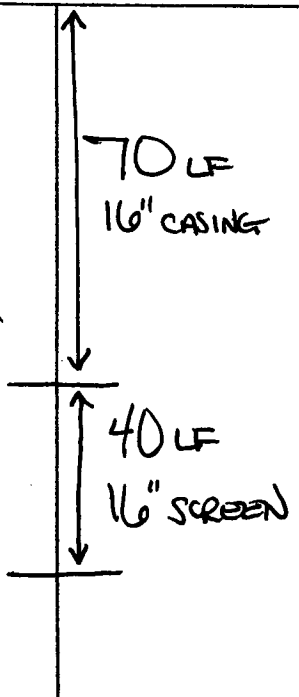
[Signature]
Signature of Water Well Contractor

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OCT 13 2011
BY: OLIVE

B83

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY	10	30
FINE SAND/CLAY STRIPS	30	50
FAIR/FINE SAND	50	70
COARSE SAND	70	85
COARSE SAND/PEBBLES	85	110
BOTTOM	110	112

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.

SEE MAP

Landowner Name: _____

J. D. Navarro
 Signature of Water Well Contractor

Harris #2

Sharkey

County: Issaquena
 Permit #: GW-44905
 Driller: J. New come
 Date completed: 7/19/2011
Copy information from block on Part 1

STATE WELL REPORT
Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: B83

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>Harris Family LTD Partnership</u>	Latitude: <u>32°53'03"</u> Longitude: <u>90°56'20"</u>
Mailing Address: <u>1221 Watson Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>17</u> T <u>12N</u> R <u>07W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Rolling Fork</u>

Pump Type	Power Type
Circle one	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>7/25/11</u>	Setting 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: _____	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 <u>flowing</u> 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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Comp. Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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