

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 #: C-160
L. S. Elevation: _____
E-log #: _____

County: SHARKEY
Permit #: _____
Driller: J. NEWCOME
Date drilling completed: 6-20-07

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.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>MONT HELENA ASSOCIATED</u></p> <p>Mailing Address: <u>160 DRICK ROGERS</u> <u>PO BOX 247</u> <u>ROLLING FORK, MS 39159</u></p> <p align="center">City State Zip Code</p> <p>Telephone No. <u>601-573-9197</u></p>		<p align="center">Well Location <u>090</u></p> <p>Latitude: <u>32.57.27</u> " Longitude: <u>90.53.02</u> "</p> <p>Method of Lat/Long (circle one): Conventional Survey,</p> <p align="center">USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS</p> <p><u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>23</u> Twn <u>13N</u> Rng <u>7W</u></p> <p><u>NW</u></p> <p>Distance Direction Nearest Town</p> <p><u>3.0</u> Miles <u>N</u> of <u>ROLLING FORK</u></p>	
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Well Data

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

Date well drilling started: 6-20-07 Date well drilling completed: 6-20-07

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: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 60-80 feet to 800-120 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.

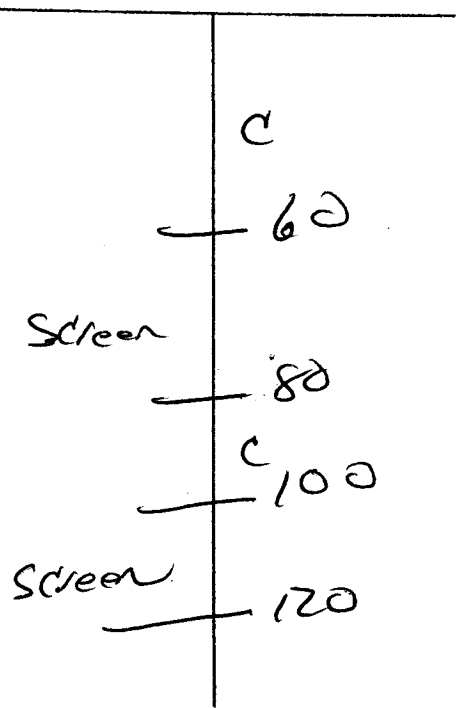
Signature of Water Well Contractor

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BY: OLWR

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If well telescopes please sketch below and show depths.

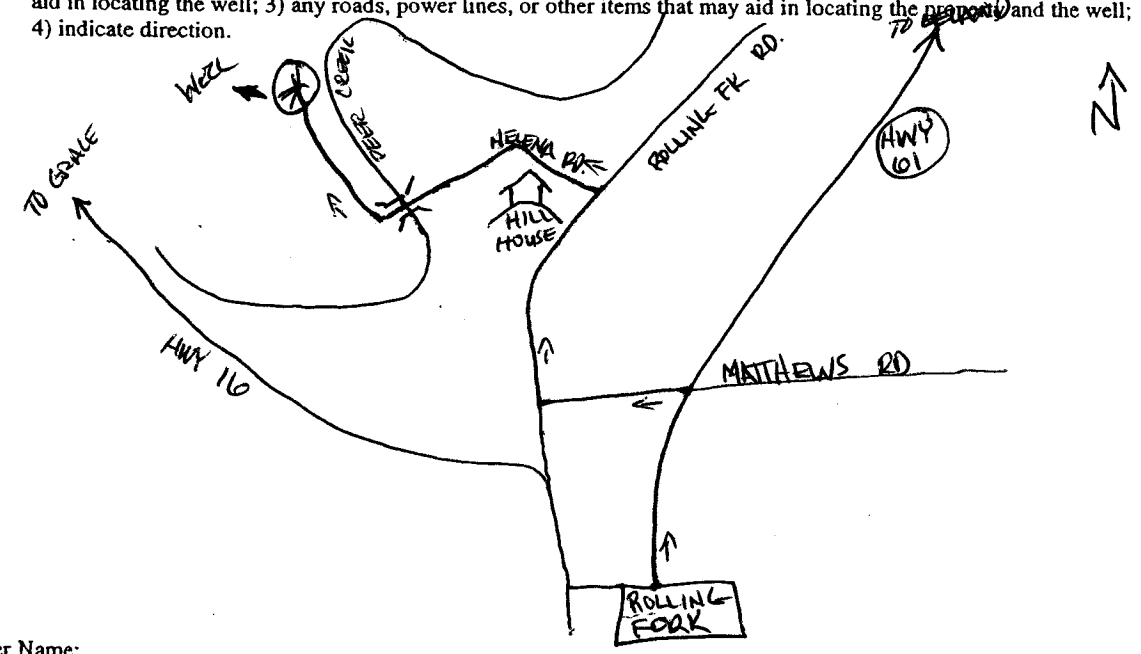
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
Mix CLAY	10	40
FINE SAND	40	60
Med. COARSE SAND	60	80
FINE SAND	80	100
COARSE SAND	100	123

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.



Landowner Name: _____

Ed Newane
 Signature of Water Well Contractor

STATE WELL RETURN

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 #: C-160

Elevation: _____

County: SHARPEL
Permit #: _____
Driller: J. NEWCOMB
Date completed: 6/20/07

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>MONT HELENA PLTN.</u>	Latitude: <u>32-57-27</u> Longitude: <u>090-53-02</u>
Mailing Address: <u>40 DRICK ROGERS</u> <u>PO Box 247</u> <u>ROLLING FORK MS. 39159</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW ¼ SE ¼ Sec <u>23</u> Twn <u>13N</u> Rng <u>7W</u>
Telephone No: <u>601-573-9197</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>3.0</u> Miles <u>N</u> of <u>ROLLING FORK</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6-22-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>3000</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): <u>NO TEST</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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