

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-174
L. S. Elevation: _____
E-log #: _____

County: SHARKEY
Permit #: GW43049
Driller: J. NEWCOME 0-773
Date drilling completed: 2-27-09

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 | Well Location |
|---|---|
| Owner Name: <u>Mont Helena Associates</u> | Latitude: <u>32.57.02"</u> Longitude: <u>90.51.54"</u> |
| Mailing Address: <u>C/O Drick Rodgers</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>PO Box 247</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Rolling Fork MS 39159</u> | <u>SE</u> ¼ <u>SE</u> ¼ Sec. <u>24</u> Twn. <u>13N</u> Rng. <u>7W</u> |
| City State Zip Code | <u>NE</u> <u>NE</u> <u>25</u> |
| Telephone No. <u>(601) 573-9197</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>N</u> of <u>ROLLING FORK</u> |

Well Data

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

Date well drilling started: 2-27-09 Date well drilling completed: 2-27-09

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

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 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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MAR 16 2009
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)

County: Sharkley
 Permit #: _____
 Driller: J Newcome 0-713
 Date completed: 2-27-09

For Office Use Only:

Aquifer: _____
 Well #: C-174
 Elevation: _____

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 Associates</u> | Latitude: <u>32°57'28"</u> Longitude: <u>90°52'17"</u> |
| Mailing Address: <u>66 Drick Rodgers</u> <u>PO Box 247</u> <u>Rolling Fork, MS 39159 SE</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | USGS quad, _____ 1/4 Sec <u>24</u> Twn <u>13N</u> Rng <u>7W</u> |
| Telephone No: <u>(601) 573-9197</u> | Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Rolling Fork</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>10</u> |
| Date Pump Installed: <u>2-27-09</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>800</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>NOT</u> 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)]: <u>Tested</u> 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.

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

[Signature]
 Signature of Pump Installer

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MAR 16 2009
 BY: OLWR