

State Well Report

Part 1

For Office Use Only:

County: SHARKEY
 Permit #: GW43051
 Driller: J. NEWCOME
 Date drilling completed: 2-26-09

Mississippi Department of MONT HELENA Environment
 Office of Resources 2313N07W
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

Aquifer: _____
 Well #: 1233
 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>Mont Helena Rolling Fork Associates</u>	Latitude: <u>32° 57' 17"</u> Longitude: <u>90° 52' 57"</u>
Mailing Address: <u>C/O Drick Rodgers</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
Telephone No: <u>(601) 573-9197</u>	<u>NE 1/4 SE 1/4 Sec 23</u> Twn <u>13N</u> Rng <u>7W</u>
	Distance Direction Nearest Town <u>3.5</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: 2-26-09 Date well drilling completed: 2-26-09

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70-85 feet to 90-100 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.

John Newcome
 Signature of Water Well Contractor

43051

3/23/09

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 #: 0233
 Elevation: _____

County: Shartney
 Permit #: _____
 Driller: J. Newcome
 Date completed: 2-26-09

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 Assoc.</u>	Latitude: <u>32° 57' 17"</u> Longitude: <u>90° 52' 57"</u>
Mailing Address: <u>66 Drick Rodgers</u> <u>PO Box 247</u> <u>Rolling Fork, MS 39159</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 537-9197</u>	NE ¼ SE ¼ Sec <u>23</u> Twn <u>13N</u> Rng <u>7W</u>
	Distance Direction Nearest Town <u>3.5</u> Miles <u>N</u> of <u>Rolling Fork</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>2-26-09</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 Electric Measuring Line Steel Tape
Static Water Level (A): <u>NOT</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>Not tested</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.

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

[Signature]
 Signature of Pump Installer