

Robinson # 6

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 #: P-155
L. S. Elevation: _____
E-log #: _____

County: SUNFLOWER
Permit #: 020424178
Driller: J. NEWCOME 0773
Date drilling completed: 4-10-08

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>H.E. & S.F. PROPERTIES</u> | Latitude: <u>33.25.51</u> " Longitude: <u>090.45.31</u> " |
| Mailing Address: <u>Po' Box 1</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>MACON, GA. 31202</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 7 Twn 18N Rng 5W</u> |
| Telephone No. <u>566-655-2882</u> | Distance <u>6</u> Miles Direction <u>WEST</u> of Nearest Town <u>INDIANOLA</u> |

Well Data

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

Date well drilling started: 4-10-08 Date well drilling completed: 4-10-08

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: 12 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70-85 feet to 95-110 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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MAY 09 2008

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: SUNFLOWER
 Permit #: 60042478
 Driller: J. Newlands 0-7B
 Date completed: 4-10-08

For Office Use Only:

Aquifer: _____
 Well #: P-155
 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

Owner Name: H.E. & S.F. ROBERTS
 Mailing Address: P.O. Box 1
Macon, Ga. 31202
City State Zip Code
 Telephone No: 566-655-2882

Well Location

Latitude: 33-25-51 Longitude: 89-45-31
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4 Sec 7 Twn 18N Rng 5W
 Distance Direction Nearest Town
6 Miles WEST of INDIANOLA

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-15-08
 Rated Pump Capacity: 1200 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 50
 Setting Depth: 70 feet
 Number of Stages: 1

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Pump Test Data

Date Well Tested: _____
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): NO TEST 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

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Li BY: OLWR
 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.

GLEN ROWE 710-P Glen Rowe
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer