

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 #: A-201
L. S. Elevation:
E-log #:

County: WASHINGTON
Permit #: GW 42007
Driller: J. NEWCOME
Date drilling completed: 4-7-07

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.

Well Owner Information: Owner Name: A. LITTLETON FARMS, Mailing Address: PO Box 236, WINTERVILLE, MS 38702, Telephone No: 662-822-6571
Well Location: Latitude: 33.30.17, Longitude: 89.02.45, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4 SE 1/4 Sec 8, Twn 19N, Rng 8W, Distance: 6 Miles, Direction: N, Nearest Town: GREENVILLE

Well Data: Purpose of Well: Irrigation, Date well drilling started: 4-7-07, Date well drilling completed: 4-7-07, Static Water Level: feet above or below land surface, Method of Measurement: steel tape, electric tape, air line, other, Hole depth: 108, Well depth: 105, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 85 feet, Casing diameter: 16 inches, Type of casing: PVC, Screen length: 20 feet, Screen diameter: 16 inches, Type of screen: PVC, Screen slot size: .050 inches, Setting depth: From 85 feet to 105 feet, Type of completion: Gravel packed, Underreamed, Telescoped, Open hole, Natural Development, Other (describe), Top of lap pipe or reduction in casing: feet, Logs run: 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.

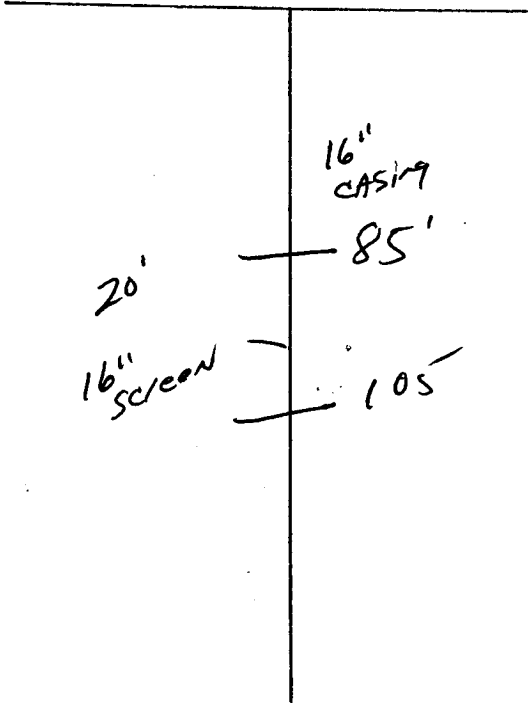
Signature of Water Well Contractor

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BY: OLWR

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If well telescopes please sketch below and show depths.

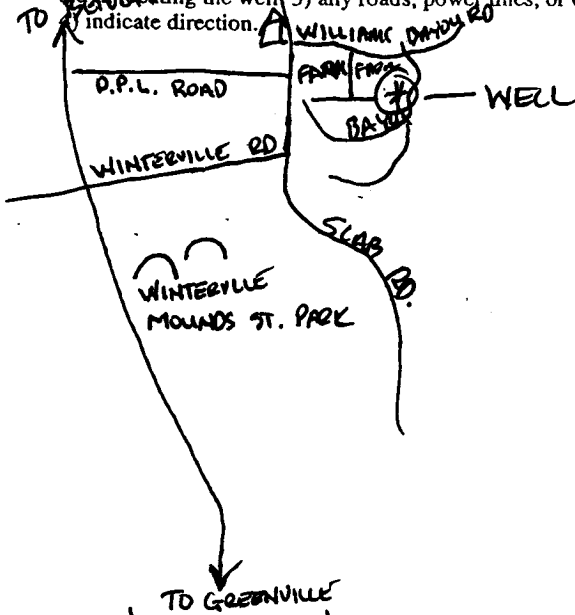
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	18
Blue CLAY	10	50
FINE Sand	50	85
COARSE sand - gravel	85	100
Gray CLAY	100	108

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; indicate direction.



Landowner Name: HERBERT HUDDLESTON

Ed Newane
Signature of Water Well Contractor

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 #: A-201

Elevation: _____

County: WASHINGTON
Permit #: OW 42007
Driller: J. NEWCOMB
Date completed: 4-7-07

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>HUDDESTON Farms</u>	Latitude: <u>33-30-17</u> Longitude: <u>091-02-45</u>
Mailing Address: <u>PO Box 236</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
<u>WINTERVILLE, MS. 38702</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>8</u> Twn <u>9N</u> Rng <u>8W</u>
Telephone No: <u>662-822-6571</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>N</u> of <u>GREENVILLE</u>

Pump Type Circle one	Power Type 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>4-20-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2-Stage 12"</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 flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NO TEST</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.
GLEN ROWE - #710-P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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