

~~State~~ HE + SF Curtis
~~Permit~~ 205

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)

County: WASHINGTON
 Permit #: 43030
 Driller: J. NEWCOME 0-773
 Date drilling completed: 11-10-09

For Office Use Only:
 Aquifer: _____
 Well #: C 116
 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>HE + SF Properties LP</u>	Latitude: <u>33° 28' 49"</u> Longitude: <u>090° 49' 27"</u>
Mailing Address: <u>PO Box 1</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Macon GA 31202</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 21 Twn 19N Rng 6W</u>
Telephone No. <u>564 655-2882</u>	NIV SE Distance Direction Nearest Town
	<u>5 Miles NE of LELAND</u>

Well Data

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

Date well drilling started: 11-10-09 Date well drilling completed: 11-10-09

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: 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: 0.50 inches Setting depth: From 60-80 feet to 100-120 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
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

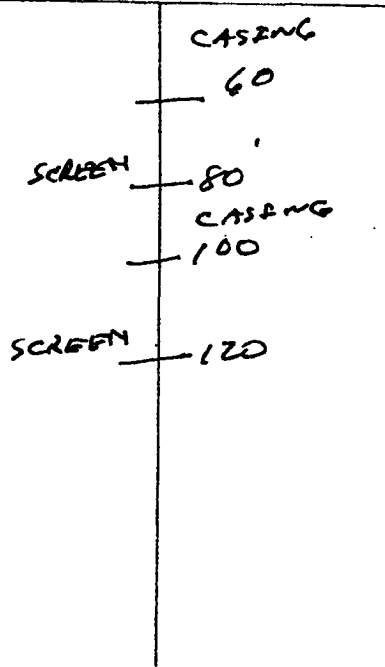
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YMD JOINT WATER MANAGEMENT DISTRICT

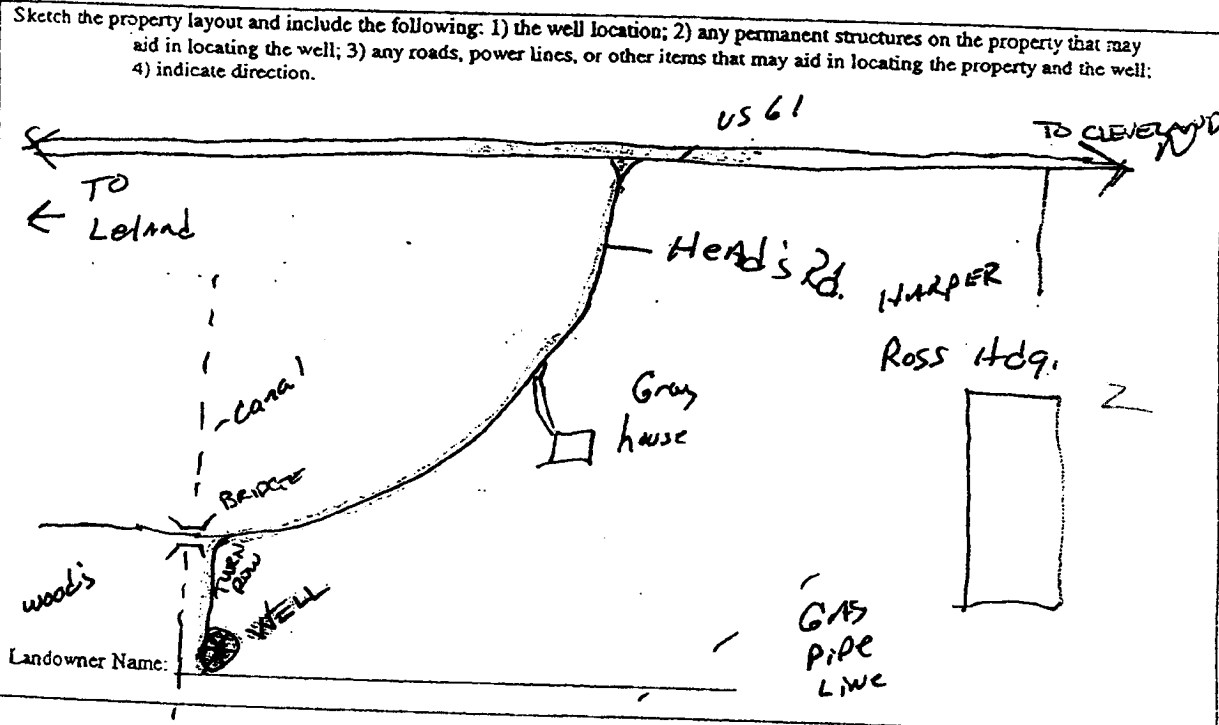
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
MIX CLAY	10	40
Fine Sand	40	50
MED COARSE SAND	50	80
Fine Sand	80	100
COARSE SAND - GRAVEL	120	123

If more than one screen, show location of each on sketch



John Newman
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)

County: Washington
 Permit #: 6W 43630
 Driller: J. Newcome
 Date completed: 11/10/09

For Office Use Only:

Aquifer: _____
 Well #: C116
 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>HE + SF Properties LP</u>	Latitude: <u>33° 28' 49"</u> Longitude: <u>090° 49' 27"</u>
Mailing Address: <u>PO Box 1</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Macon GA 31202</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>21</u> Twn <u>19N</u> Rng <u>6W</u>
Telephone No: <u>561 655-2882</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
<input type="radio"/> Air Lift <input type="radio"/> Bucket <input type="radio"/> Centrifugal <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>11/10/09</u> Rated Pump Capacity: _____ Gallons Per Minute	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: _____
<input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Submersible <input checked="" type="radio"/> Turbine <input type="radio"/> Flowing Well	

Pump Test Data	Method of Measuring Water Level Circle one
 Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ 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 	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape 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.

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