

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 #: L-175
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6W02491
Driller: J. NEWCOME 0-773
Date drilling completed: 4-25-08

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>FOREST CITY FARMS</u>	Latitude: <u>33° 12' 30"</u> Longitude: <u>90° 54' 20"</u>
Mailing Address: <u>c/o JAN DEREGT</u> <u>1169 ALON-DARLOVER RD.</u> <u>HOLLANDALE, MS. 38748</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 26 Twn 16N Rng 7W</u>
Telephone No: <u>662-379-3560</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>HOLLANDALE</u>

Well Data

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

Date well drilling started: 4-25-08 Date well drilling completed: 4-25-08

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: Pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Pvc

Screen slot size: .050 inches Setting depth: From 55-65 feet to 70-100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

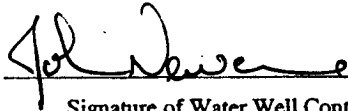
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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.

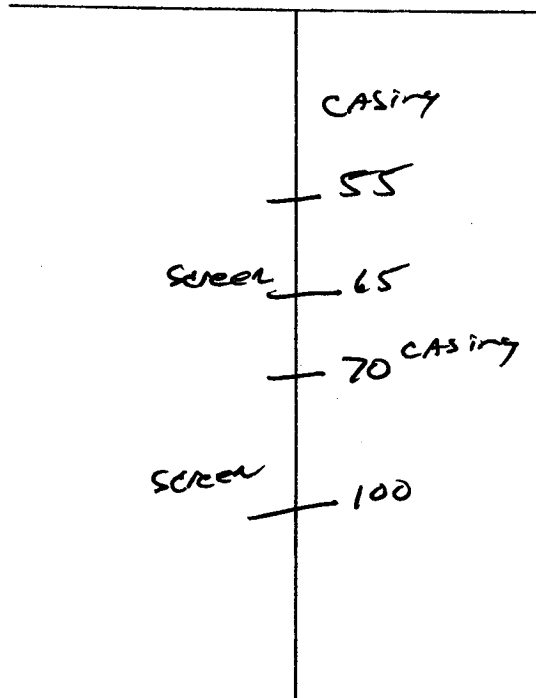
Signature of Water Well Contractor

Pump NOT SET YET

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MAY 09 2008
BY: OLWR

If well telescopes please sketch below and show depths.

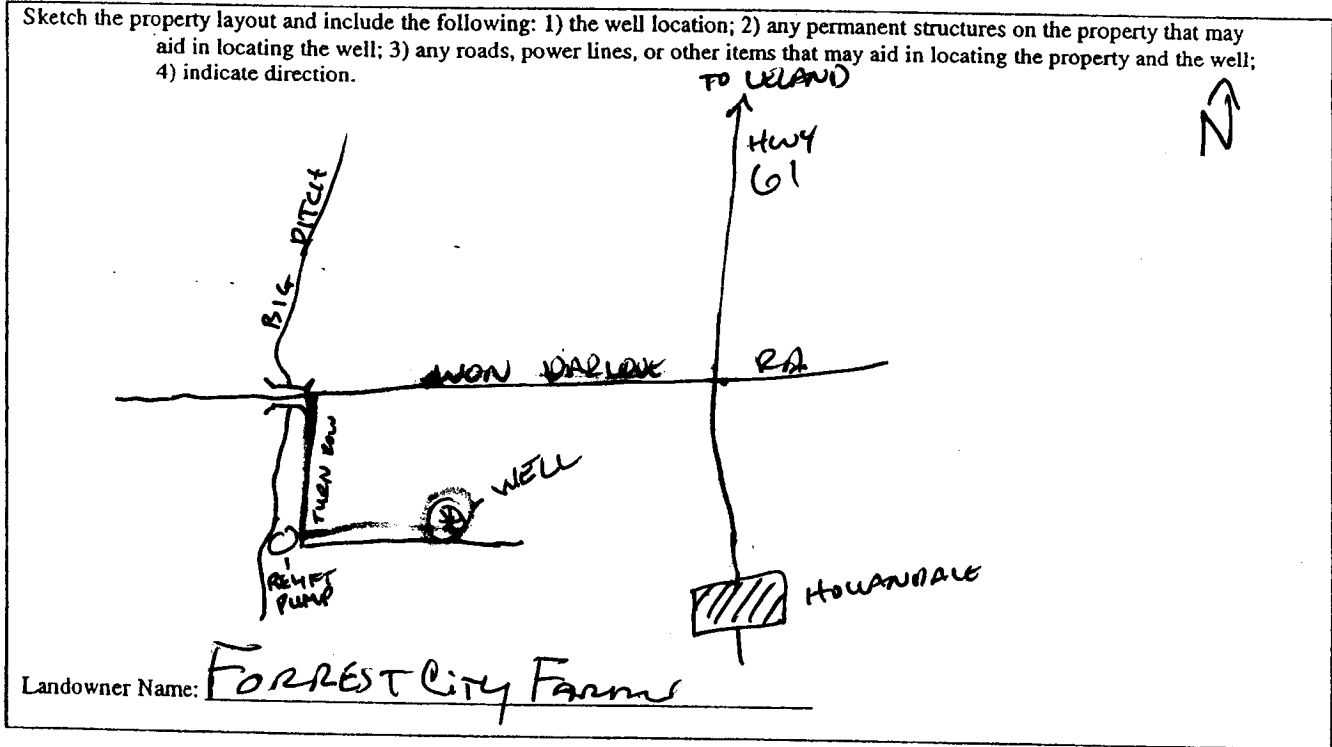
Ground Level

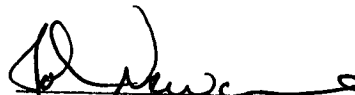


Description of Formations Encountered	From	To
TOP Soil	0	10
Mix CLAY	10	40
Fine Sand	40	55
COARSE Sand	55	65
Fine Sand	65	70
COARSE Sand gravel	70	103

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; 4) indicate direction.




 Signature of Water Well Contractor

~~HOLD TILL PUMP SET~~
WELL LOG FILED PREVIOUSLY

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 #: L-125
Elevation: _____

County: WASHINGTON
Permit #: GW 42491
Driller: J. NELORE 0-773
Date completed: 4-25-08

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: FORREST CITY FARMS
Mailing Address: 40 JAN DEREKT
1169 AVON DARLOWE RD
HOLLANDALE, MS. 38748
City State Zip Code
Telephone No: 662-379-3560

Well Location
Latitude: 33-12-30 Longitude: 90-54-30
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
NW 1/4 NE 1/4 Sec 26 Twn 16N Rng 7W
Distance Direction Nearest Town
3 Miles NW of HOLLANDALE

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 5-28-08
Rated Pump Capacity: 2000 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: 60
Setting Depth: 20 feet
Number of Stages: 1

Pump Test Data
Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown (B)-(A): NOT TESTED 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 Line 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.
GLENN ROWE 710-P Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)

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JUL 02 2008
BY: OLWR