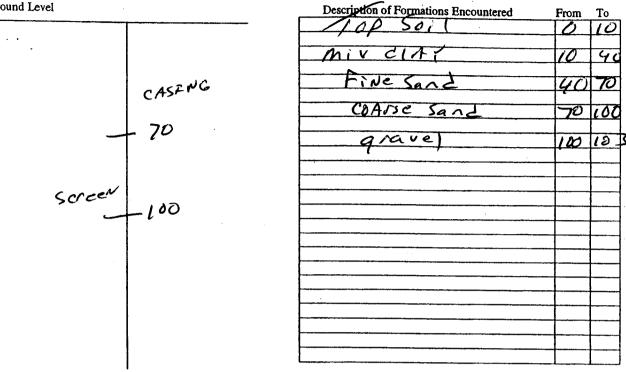
· ·	Hyer fo	arms	
·····		ell Report	
County: WASHINGTON	Part 1		For Office Use Only:
Permit #: 600143042	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Driller J. NEWCOME 0.773	P.O. Box 10631		L. S. Elevation:
Date drilling completed: 3-3-09	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		E-log #:
	J , ,	-	
State Law requires that this rep 30 days of completion of drilling		driller in detail and filed	with the Department within
Well Owner Information			ll Location
Owner Name Hyer Farms		Latitude: 33. 11. 16 " Longitude: 90. 48. 50"	
Mailing Address: 1820 Tri	bbett Rd	Method of Lat/Long (circle of	one): Conventional Survey,
		USGS quad, Hand-hel	d GPS Survey-grade GPS
Hollandate MS	tate Zip Code	NW 1/4 NW 1/4 Sec 34	5 Twn 16N Rng 6W
Telephone Notes	952	Distance Direction	of HOLDNDAVE
	Well	Data	
Purpose of Wall (sizale and) Home			Other:
Purpose of Well (circle one) Home Ir			
Date well drilling started: $3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 $			
If flowing, method of flow regulation: V	alve Other (describe)	
Static Water Level:feet	above or below (circle one)	land surface Date measured	l:
Method of Measurement (circle one)	steel tape electric tape	e air line other:	<u></u>
Hole depth: 103 Well of	iepth: 100	Well grouted to a depth of	<u> </u>
Type of grout (circle one): Cement	Bentonite Mix		
	sing diameter: <u>10</u>		Pvc
Screen length: <u>30</u> feet Sc		inches Type of screen:	PVC
Screen slot size: . 050_inches	s Setting depth: From	70 feet to	LOO feet
Type of completion (circle all applicable	e): Gravel packed Unde	crreamed Telescoped Op	en hole Natural Development
•	Other (describe):		
Top of lap pipe or reduction in casing: _			creen, describe on back of page
Logs run (circle all applicable). No log		-	
Name of organization running log(s):		- -	•
I certify that the well was drilled, con-	structed, and completed in	accordance with all applicab	le requirements of the Mississippi
Department of Environmental Quality	-		
JOHH NEWCOME	0-773	Jol 1	ence
Print Name of Water Well Contractor a	nd License No.	Signature	e of Water Well Contractor
L <u></u>			RECEIVED
			MAR 1 6 2009
			BY: OLWF

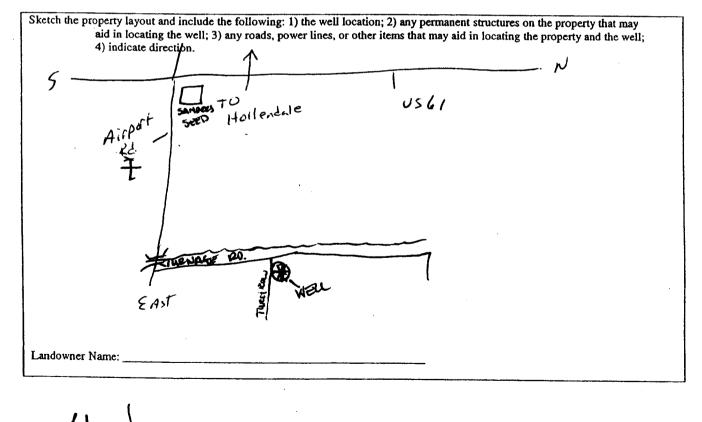
M-200

If well telescopes please sketch below and show depths.

Ground Level



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



)ei Signature of Water Well Contractor

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STA	ATE WELL REPORT
Remit (D(1)(13(14)) Mississip	Part 2 ap Installer's Completion Report pi Department of Environmental Quality fice of Land and Water Resources For Office Use Only: Aquifer.
Driller: <u>J.Newcome</u> Date completed: <u>3-3-09</u>	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Elevation:
This report should be prepared by the pump inst installation of pump.	aller in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Hyer Farms	Latitude: 3011'16" Longitude: 90°48'50
Mailing Address: 1820 Tribbett	ROL Method of Lat/Long (circle one): Conventional Survey,
Hollomdate Ms 38 City State Zip	USGS quae Hand-held GP8. Survey-grade GPS NW 1/4 NW 1/4 Sec ST Twn ICN Rng GW Distance Direction Nearest Town
Telephone No. (62) 827 - 5952	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersit	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing V	Vell Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 5-5-09	Setting Depth:feet
Rated Pump Capacity: 1200 Gallons Per	t Minute Number of Stages:
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one
Static Water Level A D Feet Below Land	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B)	Other (specify);
Drawdown [(B) - (A)]:Feet Below Land	
Test Pumping Rate:Gallons Pe	
Duration of Pump Test (minimum 4 hours):	
I HEREBY CERTIFY that the above statements are true <u>Covy</u> Powe O-711P Print Name of Pump Installer and License No. (if applied	Chan
	MAR 1 6 20
	BY: OLW

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