

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: WASHINGTON
Permit #: GW-45856
Driller: J. NEWCOME 0-773
Date drilling completed: 3.14.13

For Office Use Only:
Aquifer: _____
Well #: N 162
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>HOLLY RIDGE PLANTING COMPANY</u>	Latitude: <u>33° 07' 00"</u> Longitude: <u>11° 04' 14"</u>
Mailing Address: <u>65 HOLLY RIDGE ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>INDIANOLA</u> <u>MS</u> <u>38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>IR</u> <u>14</u> <u>15N</u> <u>09W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>CHATHAM</u>

Well / Borehole Data

Date drilling started: 3.14.13 Date drilling completed: 3.14.13 Hole depth: 117 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, 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: _____

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 75 feet to 40 115 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 next page*

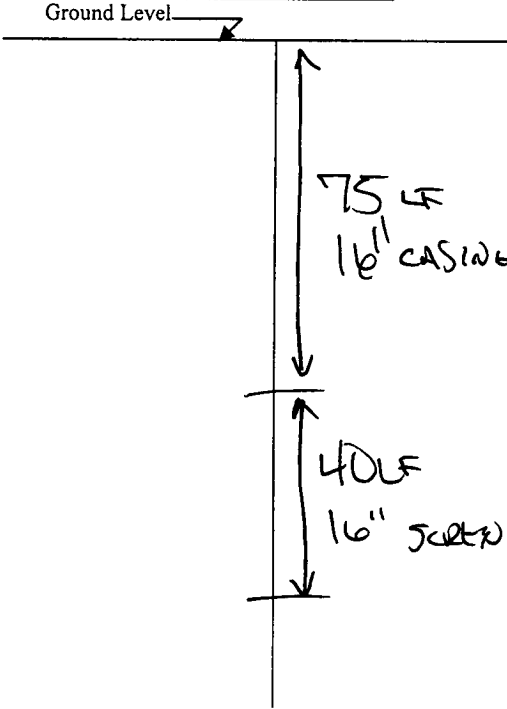
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	15
SAND	15	55
COARSE / MEDIUM SAND	55	80
COARSE / PEBBLES	80	115
BOTTOM	115	117

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) a north arrow.

SEE MAP

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOME 0.773 3.14.13 *John Newcome*

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)354-6908 (fax)

For Office Use Only:

Aquifer: _____
 Well #: N162
 Elevation: _____

County: Washington
 Permit #: GW-45956
 Driller: S. Newcome 0-773
 Date completed: 3-14-2013

This report should be prepared by the pump installer and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Holly Ridge Planting Co.
 Mailing Address: 65 Holly Ridge Road
Indianola MS 38751
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 33° 07' 00" Longitude: 91° 04' 14"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
1R 1/4 1R 1/4 Sec 14 Twn 15N Rng 09W
 Distance Direction Nearest Town
2 Miles NE of Chatham

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston
 Centrifugal Rod Spring Well
 Other (specify): _____
 Date Pump Installed: 3-15-2013
 Rated Pump Capacity: 3000 Gallons Per Minute

Power Type
Circle one

Gasoline Engine Natural Gas
 Motor Hand Tractor PTO
 Other (specify): _____
 Horse Power Rating of Motor: 60^{hp}
 Setting Depth: 70 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): Not tested
 For flowing well measured shut in head: _____ feet
 _____ 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.

Hubbard Stephens 741-P Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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