

State Well Report

Part I

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 #: P-162
L. S. Elevation:
E-log #:

County: Washington
Permit #: 6W42202
Irrigation Equipment
Driller:
Date drilling completed: 10-4-07

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 B+B Farms / Barry Fontenot, Mailing Address 843 Liz Road, Hollendale Ms. 38748
Well Location: Latitude 33.09.48.7, Longitude 90.50.48.9, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 8, Twn 15N Rng 6W, Distance 1 Miles SE of Hollendale

Well Data: Purpose of Well Irrigation, Date well drilling started 10-4-07, Date well drilling completed 10-4-07, Static Water Level 24 feet above of below land surface, Method of Measurement steel tape, Hole depth 126, Well depth 126, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 86 feet, Casing diameter 10 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 10 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 87 feet to 126 feet, Type of completion Gravel packed, Other (describe):

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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Signature of Water Well Contractor: [Signature] RECEIVED OCT 15 2007

Print Name of Water Well Contractor and License No.

BY: OLWR

P-162

6W42202

If well telescopes please sketch below and show depths.

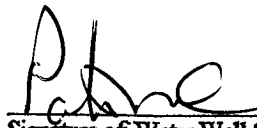
Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	35
Fine Sand + Gravel	36	48
Medium Sand + Gravel	49	123
Clay	124	126

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.

Landowner Name: B+B Farms / Barry Fontenot


Signature of Water Well Contractor

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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 #: P-162

Elevation: _____

County: Washington
 Permit #: OW 242202
 Irrigation Equipment
 Driller: _____
 Date completed: 10-4-07

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>B+B Farms / Barry Fontenot</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>843 Liz Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale Ms. 38748</u>	<u>SW 1/4 NW 1/4 Sec 8 Twn 15N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1 Miles SE of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>10-4-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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)]: _____ 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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

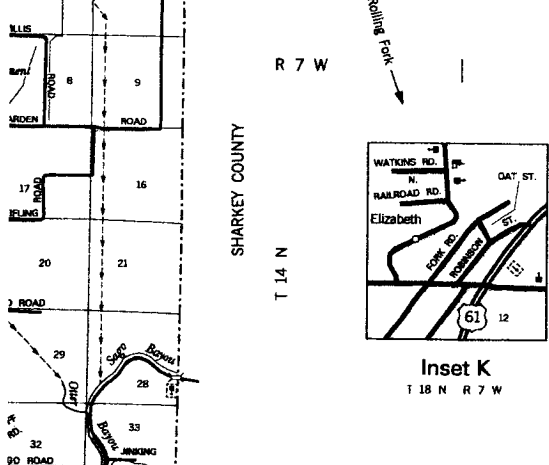
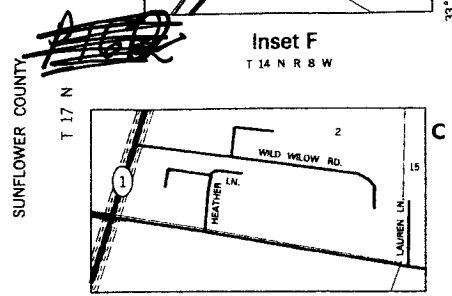
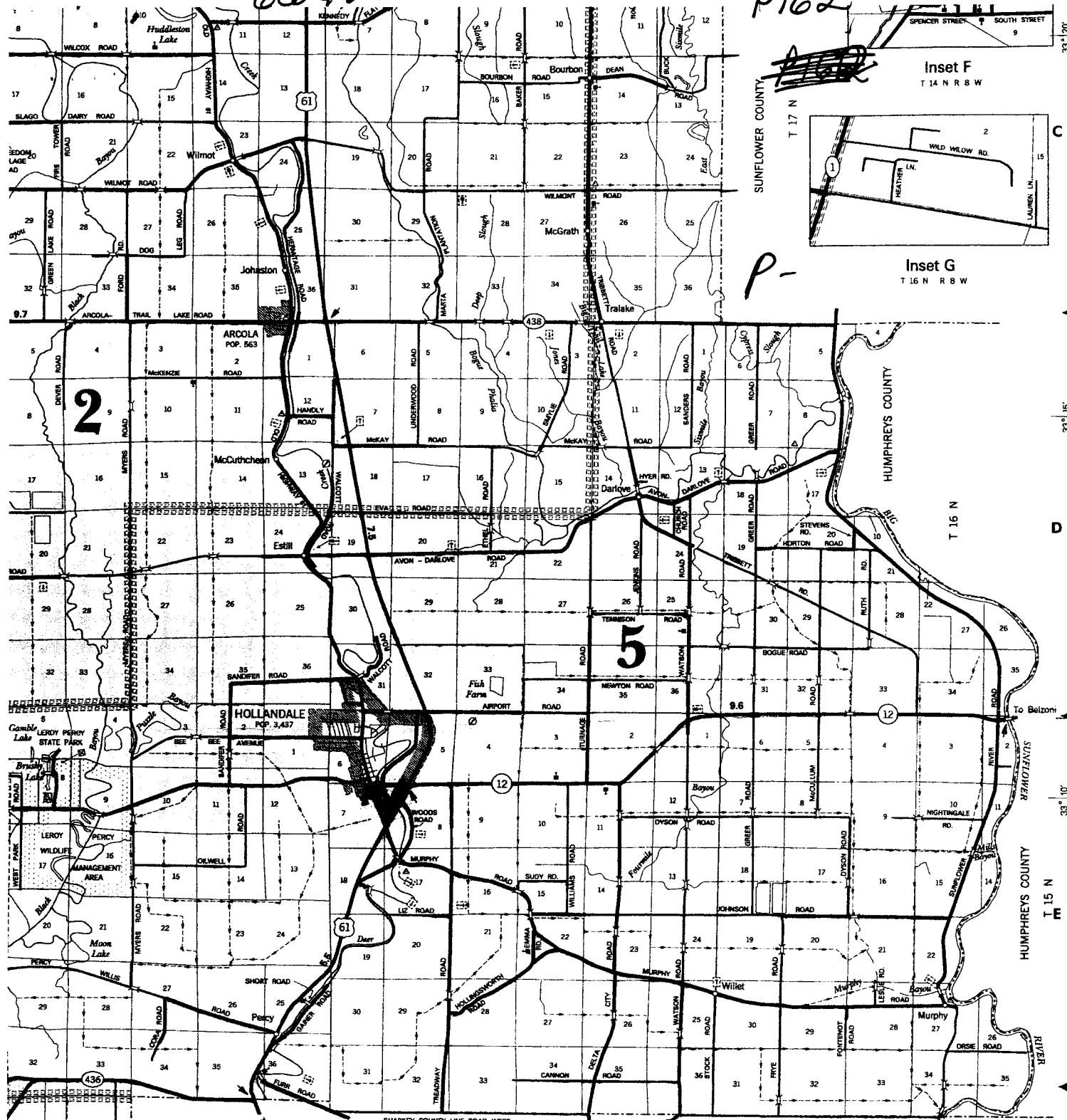
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P162



SHARKEY COUNTY

R 7 W R 6 W R 5 W

B+B Farms / Barry Fontenot

LEGEND

- ROADS AND ROADWAY FEATURES
- UNIMPROVED ROAD
 - GRAVEL
 - PAVED ROAD
 - UNDIVIDED HIGHWAY
 - DIVIDED HIGHWAY
 - INTERSTATE SYSTEM
 - CITY STREETS
- HIGHWAY BRIDGES
- BRIDGE 50 FEET AND OVER
 - DRAWBRIDGE
 - FERRY (FREE OR TOLL)
 - HIGHWAY GRADE SEPARATION
 - HIGHWAY INTERCHANGE

- NAVIGATION
- DOCK, PIER, OR LANDING
 - LEVEE OR DIKE
 - LEVEE OR DIKE WITH ROAD
- CITY AND VILLAGE CENTERS
- COUNTY SEAT
- OTHER CITIES AND VILLAGES
- MISCELLANEOUS
- TRIANGULATION STATION
 - BENCH MARK WITH ELEVATION

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BY OLWR

33° 20'

420 000 m

33° 15'

410 000 m

33° 10'

400 000 m

33° 05'

400 000 m

33° 00'

400 000 m