

Billy TABBS
State Well Report
 Part 1

County: BOLIVAR
 Permit #: GW41268
 Driller: JOHN NEWCOME 0-773
 Date drilling completed: 7-17-06

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 #: F-212
 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>TABB FARMS PTR.</u>	Latitude: <u>33° 32' 50" S</u> Longitude: <u>90° 54' 57" W</u>
Mailing Address: <u>1311 COLLEGE ST.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Survey-grade GPS
<u>CLEVELAND, MS</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>38932</u>	<u>NW 1/4 NW 1/4 Sec 15 Twn 23N Rng 7W</u>
Telephone No: <u>662-872-9162</u>	Distance <u>7</u> Miles Direction <u>EAST</u> of Nearest Town <u>ROSEDALE</u>

Well Data

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

Date well drilling started: 7-17-06 Date well drilling completed: 7-17-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-17-06

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: 650 inches Setting depth: From 80 feet to 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. Signature of Water Well Contractor

RECEIVED

NOTE: CUSTOMER HAD SOMEONE ELSE AUG 15 2006
 INSTALL HIS 10" TURBINE PUMP BY POLWR
 SO NO PUMP SETTING LOG WITH THIS WELL
 LOG - Sidney Cook

662
 8613
 0617

