DANOMEY #1

County: BOLIVAR Permit #: GW-43829 Driller: J. NEWCOME 0:773

Date drilling completed:

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:
Well #:
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.

30 days of completion of drining of the well-	Well Location			
Well Owner Information	1			
Owner Namy Jimmy Wine Miller	Latitude: 33 • 40 • 07 " Longitude: 90 • 58 • 27 "			
Mailing Address: 114 Hickory Creek Cir	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Little Rock, AR 72212	SM4 NE 4 Sec 33/ TWN 21N/ RNg 08W			
City State Zip Code	SE Direction Nearest Town			
Telephone No. ()	25 Miles NE of BENOIT			
Well	Data			
Purpose of Weil (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 4-18-2011 Date	well drilling completed: 4-18-2011			
If flowing, method of flow regulation: Valve Other (•			
Static Water Level:feet above or below (circle one)	land surface Date measured:			
	e air line other:			
Hole depth: 120 Well depth: 120	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mi				
Casing length: 6eet Casing diameter: 6	inches Type of casing:			
	1/11			
Screen length: 40 feet Screen diameter: 16	mones Type of screen.			
Screen slot size:O_SOinchesSetting depth: From	feet to 120 feet			
Type of completion (circle all applicable): Gravel packed Unc				
Other (describe):				
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma R	Pay 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	Johnsens			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

If well telescopes please sketch below and show depths.

Ground Level		Description of Formations Encountered	From	To
	 [70° 501L	10	DI
17	1	CLAY, SAND STRUC	10	30
11	Ţ	MIX CLAY SAND	30	52
	1	MEDIUM /FINE SAND	50	170
	UF	COURSE SAM COSPUES	70	1/24
	ASING	BOTTOM	120	127
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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.

SEE MAP

Landowner Name:

Signature of Water Well Contractor

County: Bolivar
Permit #: GW - 43829
Driller: J. Wewcome 6-773
Date completed: 4118/2011

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
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)

For Office Use Only:
Aquifer:
Well #:

(601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Owner Information Owner Name: Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad Survey-grade GPS Telephone No. (Power Type Pump Type Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Submersible Air Lift Jet Piston Turbine Electric Motor Hand Tractor PTO Bucket Other (specify): Windmill Rotary Flowing Well Centrifugal Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: Method of Measuring Water Level **Pump Test Data** Date Well Tested: Circle one Air Line Electric Measuring Line Steel Tane 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 Below Land Surface Drawdown [(B) – (A)]: ______ Well yielded _____GPM with a drawdown of Test Pumping Rate: Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): ____ Repair of Existing Pump New Well Replacement of Existing Pump This is for (circle one):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

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

Form: OLWR-SWR-1C (07-09)

N145

