Bu	neers # 3 10"	
	State Well Deport	
0.1	State Well Report	For Office Use Only:
County: Balivar	Part 1	uality Aquifer. N 150
Permit #: $GW - 45202$ Mississipp	of Department of Environmental Q ice of Land and Water Resources	
Driller: J. NEWCOME 0.773	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 5-24-2011	(601)961-5210 (601)354-6938 (fax)	E-log #:
State Law requires that this report be pre- 30 days of completion of drilling of the we	pared by the driller in detail and II.	
Well Owner Information		Well Location
Owner Name Burrus Foundatio		.50 " Longitude: 10 .59 , 16 "
Mailing Address: 1111 Cast (Jamw)		(circle one): Conventional Survey,
. *	USGS quad (H	land-held GPS) Survey-grade GPS
Greenville M5 3	8701 NW 4 NW 4 5	ec 3 2 Twn 21N Kng 03W
City State Z	Lip Code	
	Distance Di	rection Nearest Town
Telephone No. (662) 872-6711		SE of BENDIT
	Well Data	
Purpose of Well (circle one) Home Industrial	Public Supply Irrigation Fish (	Culture Other:
rapose of wen (chele one) frome industrial		
Date well drilling started: 5-24-2011	Date well drilling complete	1: <u>5-21-201</u>
If flowing, method of flow regulation: Valve	•	
Static Water Level:feet above or bel	ow (circle one) land surface Date n	neasured:
Method of Measurement (circle one) steel tape	electric tape air line ot	ner:
		depth offeet
Type of grout (circle one): Cement Benton	ite) Mix	
		PV.C.
Casing length:feet Casing diameter	er: <u>10</u> inches Type of	f casing: <u>F. V.C.</u>
Screen length: <u>40</u> feet Screen diameter	er: D inches Type of	screen: $\underline{P.V.C.}$
	510	IIN
Screen slot size:	g depth: Fromfeet	to <u>feet</u>
Type of completion (circle all applicable). Gravel	packed Underreamed Telescope	d Open hole Natural Development
Other	(describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more th	an one screen, describe on back of page
Logs run (circle all applicable). No log run Electr	ic Gamma Ray Density Sonic	Neutron Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, an	d completed in accordance with all a	applicable requirements of the Mississippi
Department of Environmental Quality and/or the	Mississippi Department of Health r	egulations and state laws.
JOHN NEWCOME 0.7	73 4ol	- rleulal
Print Name of Water Well Contractor and License h	No. S	Signature of Water Well Contractor
	1	् <del>र</del> हुई रेथ र के खे <del>डे</del> क
		考察上 《新山》第14, 199
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If well telescopes please sketch below and show depths.

## Ground Level

el	Description of Formations Encountered	From	To
70LF 10"CASING	IBP SOIL CLAY/EINE SAND STRIPS MED./FINE SAND COARSE SAND/PUBBLE BOTEM		0000
THDUF	(		
10"SUREEN			

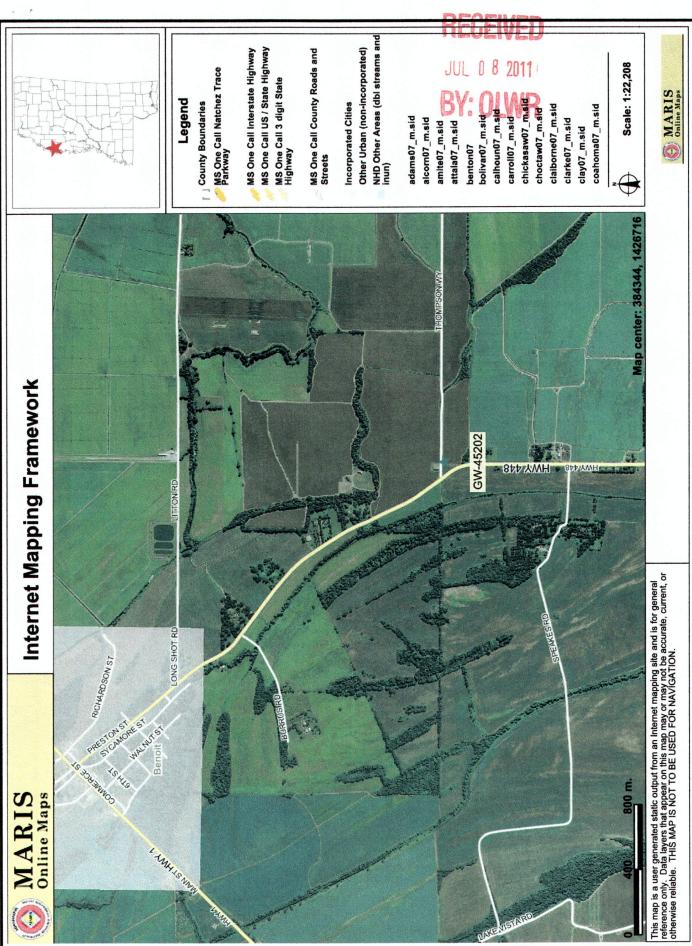
If more than one screen, show location of each on sketch

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. EE MAP Landowner Name: \_

Signature of Water Well Contractor

	STATE WE	LL REPORT	·····
County: Bolivar		art 2	For Office Use Only:
Permit #: GW - 45202	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aquifer:
Driller: J. Newcome 0.773	Office of Land a	and Water Resources Box 2309	Well #: N150
Date completed: 5.24.2011	Jackson	, MS 39225	Elevation:
Copy information from block on Part 1	· · · ·	961-5210 1-5228 (fax)	
This part of the report must be completed b			nstallar A com of Part I of the
report must be attached and both parts filed	d with the Department a	t the above address within 30 d	ays of well completion.
Well Owner Information			l Location
Owner Name: BUIRN 5 Found	ation	Latitude: 33.31.50	Longitude. 90°59116"
Mailing Address: 1111 E9St Gam	wyn Dr.		ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Greenville MG City State	<u>5 38701</u>	<u>NW 1/4 NW 1/4 Sec</u>	30 T 21N R 08W
		Distance Direction	f Benoit
Telephone No. ()	<u> </u>	$-\underline{2} Miles \underline{3} \underline{5} \underline{5} 0$	t <u>penon</u>
Denne Terra		Po	wer Type
Pump Type Circle one		0	Circle one
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		(specify):
Other (specify):		Horse Power Rating of Motor	20 RECEIVED
Date Pump Installed: 5/26/	(1)	Setting Depth: (	
	Gallons Per Minute	Number of Stages:	JUL 0 8 2011
			BY: OLWR
Pump Test Data			asuring water Devel
Date Well Tested:			Sircle one Asuring Line Steel Tape
Static Water Level (A):Feet I	Below Land Surface		
Pumping Water Level (B):Feet E	Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet H	Below Land Sunface	For flowing welt, measured st	hut in head:feet
Test Pumping Rate:	Callons Per Minute	Well yielded	GPM with a drawdowe of
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping
This is for (circle one): New Well	Replacement of Exi	isting Pump Repair of E	xisting Pump
I HEREBY CERTIFY that the above statem	ents are true to the best of	of my knowledge.	
Cong Rowe	P	()	lu
Print Name of Pump Installer and License N	lo. (if applicable)	Signature of Pump In	nstaller Form: OLWR-SWR-1C (07-09)

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N150