

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: N176
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: GW-49159 ✓
Driller: J. Newcome O-T13
Date drilling completed: 5/10/16

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chenault Farms</u>	Latitude: <u>33 40 58</u> Longitude: <u>91 00 06</u>
Mailing Address: <u>267 Mound City Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bentah</u> MS <u>38726</u>	<u>SE</u> <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>25</u> T <u>21N</u> R <u>08W</u>
City State Zip Code	<u>2.2</u> Miles <u>N</u> of <u>Bentah</u> (Distance) (Direction) (Nearest Town)
Telephone No. () _____	

Well / Borehole Data
Date drilling started: <u>5/10</u> Date drilling completed: <u>5/10</u> Hole depth: <u>122</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>Ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

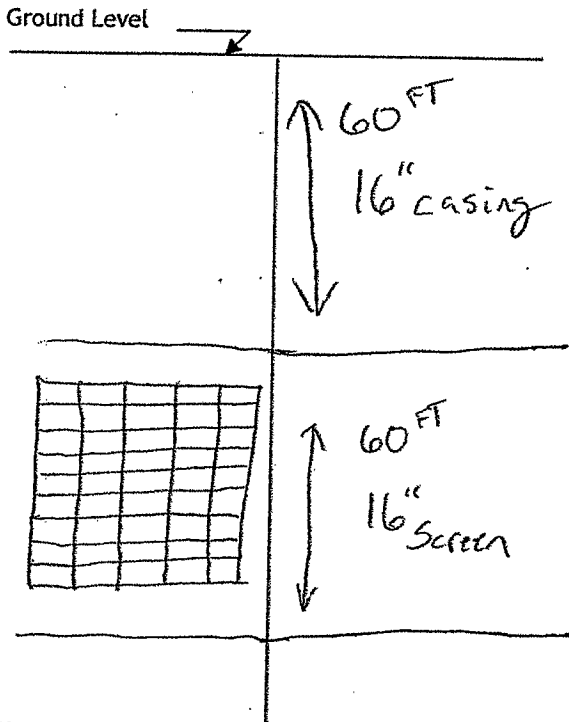
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County: Bolivar
 Permit #: GW-49159

For Office Use Only:
 Well #: N176

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	35
Fin Sand	35	55
med Sand	55	70
Med Coarse Sand	70	73
medium Sand	73	80
Medium Coars Sand	80	120
Bottom	120	122

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) north arrow

See Map

Landowner Name: _____

I HEREBY 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 9-2-16 J. Newcome
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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BY OLWR

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 #: N176
Elevation:

County: Bolivar
Permit #: 6W-49159
Driller: J. Newcome 0-773
Date completed: 5/10/16
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 Owner Information: Owner Name: Chenault Farms, Mailing Address: 267 Monard City Rd, Benlah MS 38726, Telephone No.
Well Location: Latitude: 33 40 58, Longitude: 91 00 06, Method of Lat/Long: Conventional Survey, USGS quad: 500 SE 1/4 NW 1/4 Sec 25 T21N R 08W, Distance: 2.2 Miles, Direction: N, Nearest Town: Benoit

Pump Type: Submersible, Power Type: Electric Motor, Diesel Engine, Gasoline Engine, Natural Gas, Hand, Tractor PTO, Windmill, Other (specify):, Horse Power Rating of Motor: 40, Setting Depth: 70 feet, Number of Stages: 1

Pump Test Data: Date Well Tested: Not Tested, Static Water Level (A): Not Tested, Pumping Water Level (B): Not Tested, Drawdown [(B) - (A)]: Not Tested, Test Pumping Rate: Not Tested, Duration of Pump Test: Not Tested
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: Not Tested, Well yielded: Not Tested GPM with a drawdown of Not Tested feet after Not Tested hours of pumping

This is for (circle one): New Well, Replacement of Existing Pump, Repair of Existing Pump

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

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

Signature of Pump Installer

N176



Google earth



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