DAHOMBY

	State Well Report	
county: Bolivar	Part 1 – Driller's Log	
Permit #: 6W- 43832	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer
Driller: J. NEWCOME 0.773	P.O. Box 2309	Well #:
Driller: 1. Newcome 5.773 Date drilling completed: 7-7-2011	Jackson, MS 39225 (601)961- 5210	L. S. El
Sate drining completed.	(601)961- 5228 (fax)	E-log#
State Law requires that this repor	rt be prepared by the license holder responsible for	r the work
	within 30 days of completion of drilling of the we	
Information on Well C	Owner Well or I	Borehole L
(Landowner if borehole is not fo	Latitude: 35 ° 40 ', 5°	<u> </u>
Owner Name Jimmy Winem	Method of Lat/Long (circle	one): Con

hole. ocation ventional Survey, Mailing Address: 114 Hickory Creek Circle USGS quad Hand-held GPS Survey-grade GPS Nearest Town Direction Miles NE Telephone No. (Well / Borehole Data Date drilling started: 7-7-2011 Date drilling completed: 7-7-2011 Hole depth: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: CHOLINE Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s) Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home ___ Industrial __ Public Supply __ Irrigation X Fish Culture ___ Other: ____ If a flowing well, method of flow regulation: Valve _____ Other (describe) Static Water Level: _____feet above or below (circle one) land surface Date measured: Method of Measurement (circle one) electric tape air line steel tape Well grouted to a depth of _ l _ feet Type of grout (circle one): Neat Cement (Bentonite Mix Type of casing: Casing diameter: inches feet Casing length: inches Type of screen: Screen diameter: Screen length: feet Screen slot size: JUSC feet to inches Setting depth: From Natural Development Gravel packed Underreamed Telescoped Open hole Type of completion (circle all applicable). Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing: _

Form: OLWR-SWR-1A (04/08)

AUG 0 8 2011

BY: OLWR

The sketch below only required for water we

If well telescopes, show depths on sketch.

Ground Level

16' CASWE
16' CASWE
140 LF
16' SCREEN

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
FINESAND LUMY STRUKS FINE PAIR SAND	10	40
FINE/PAIR SAND	40	70
COARST SAMD PERBUES	70	1110
BOTTOM	110	112
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If more than one screen, show location of each on sketch

aid in locating the well; 3) any roads, power 4) a north arrow.	e well location; 2) any permanent structures on the property that may lines, or other items that may aid in locating the property and the well;
Landowner Name:	Form: OLWR-SWR-1A (04/08)

I 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

7-7-11

Signature of Licensee

Print Name of Responsible Licensee and License No.

D - 4

County: Bolivar Permit #: GW-43832 Driller: J Newcome 0.773	STA Pum Mississipp Off
Date completed: 7.7.2011 Copy information from block on Part 1	
This part of the report must be completed report must be attached and both parts fil	ed with the D
Owner Name: Timmy Winem	niller
Mailing Address: 114 Hickory	Creek Cin
Little Rock AR City State	712 Zip C
Telephone No. ()	

TE WELL REPORT Part 2

p Installer's Completion Report

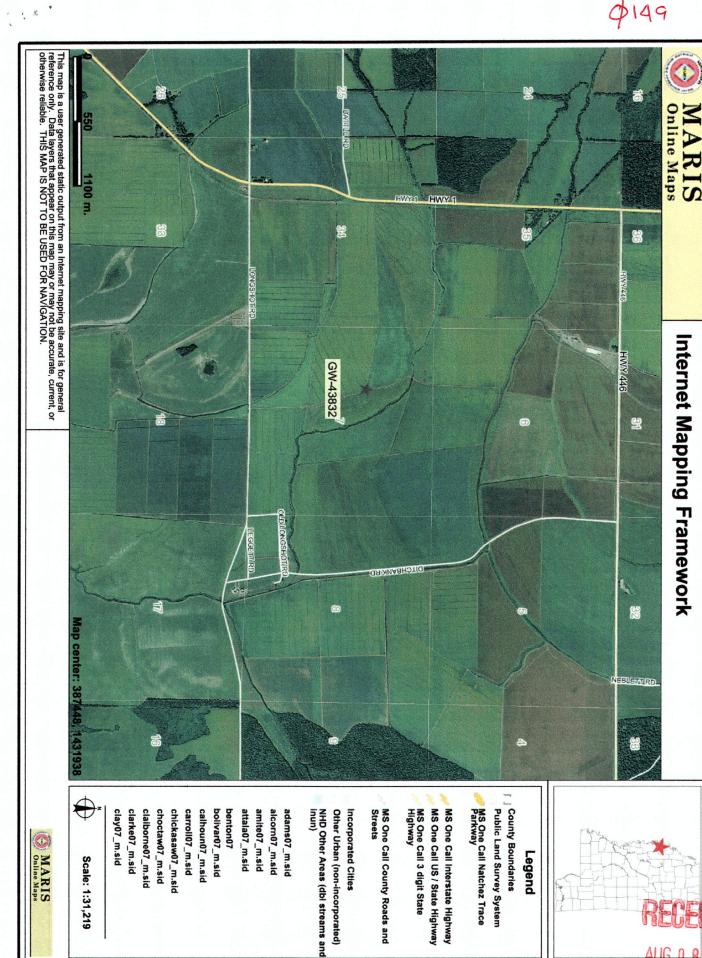
oi Department of Environmental Quality ice of Land and Water Resources P.O. Box 2309

Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

A assifant	
Aquifer:	
Well #:	\$149
Elevation: _	·

water well contractor or a licensed pump installer. A copy of Part 1 of the Department at the above address within 30 days of well completion. Latitude: 33040,59" Longitude: 90057,54" Method of Lat/Long (check one): Conventional Survey . USGS quad , Hand-held GPS , Survey-grade GPS Nearest Town Direction Distance 7.5 Miles NE of Benoit Power Type **Pump Type** Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Submersible Electric Motor Tractor PTO Turbine Piston Bucket Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Rated Pump Capacity: _ Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______ Feet Below Land Surface For flowing well, measured shut in head: GPM with a drawdown of Test Pumping Rate: _ Gallons Per Minute Well yielded feet after Duration of Pump Test (minimum 4 hours): 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 Signature of Pump Installe Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-



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