## MYNH

State W	ell Report –			
County: Golfvac Part 1 - 1	Oriller's Log	For Office Use Only:		
7   Mississippi Departmen	nt of Environmental Quality	Aquifer: 0/50		
	nd Water Resources Box 2309	Well #:		
Driller: J. NEWCOME 0.773 Jackson	n, MS 39225	1		
Date drilling completed: 6-20-2011 (601)	961- 5210	L. S. Elevation:		
(601)96	1- 5228 (fax)	E-log #:		
State Law requires that this report be prepared by the lic	∟ ense holder responsible for th	ne work and filed with the		
Department at the above address within 30 days of comp	oletion of drilling of the well o	or borehole.		
Information on Well Owner (Landowner if borehole is not for a water well)		ehole Location		
Owner Name Buris Foundation	Latitude: 33 · 38 · 04 ·	, Longitude: 90 57 57 "		
	Method of Lat/Long (circle one	e): Conventional Survey,		
Mailing Address: 1111 East Gamwyn Orive	USGS quad Hand-held (	GPS. Survey-grade GPS		
A	SE 1/36 1/30	Twn 21N kng 07W		
City State Zip Code				
City State Zip Code	Distance Direction  Miles E o	Nearest Town		
Telephone No. ()	- Names			
Well / Bors	hala Data			
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		2 J."		
Date drilling started: 6-20-11 Date drilling completed: 6-20-	Hole depth: 11 2	Hole diameter: 27		
Location of the source of any surface water used for drilling: DIT Method of dosing and volume of Chlorine used in drilling and deve	CH lopment: CHLORINE PEL	LETS		
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron C	Other:		
Purpose of borehole (check one): Water Well X Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe	e) n, skip the remainder of this blo	ck		
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) steel tape electric tape air line other:				
Well depth: Well grouted to a depth of 1D feet Type				
Casing length:feet				
Screen length: 40 feet Screen diameter: 16				
Screen slot size: .OSO inches Setting depth: From _		!		
Type of completion (circle all applicable): Oravel packed Unde		hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: feet. If te	lescoped or more than one scree	n, describe on next page		
		Form: OLWR-SWR-1A (04/08)		

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BY: OLWR

The	sketch	helow	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

round Level	Description of Formations Encountered	From (depth)	To (depth)
	TOP SOIL	Ground Level	11/
17`	CLAY	ID_	105
11	MED/COARSE SAVID	(5	80
1571.6	COARSE SAND PERBLET	80	110
	BOTTOM	110	11/2
16" CASING		<u> </u>	
I IO CHSINE		<del></del>	
		·	-
			<del> </del>
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A		<del> </del>	<del>                                     </del>
114016		<del>                                     </del>	<del> </del>
			<del> </del>
16" Sceen			
<b>V</b>			
		<u> </u>	
•			

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

•	os, or other reems that may are in	n locating the property and the well;
CEE	M AO	
	/ W	
		SEE MAP

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.

Print Name of Responsible Licensee and License No.

Balivay	· ·	LL REPORT	For Office Use Only:	
County: Bolivay		art 2 Completion Report	Aquifer:	
Permit #: 6W-45199	Mississippi Department of Environmental Quality		<b></b>	
Driller: J. Newcome 0.773	Office of Land and Water Resources P.O. Box 2309		Well #: _ <b>グ</b> 150	
Date completed: 6.20-2011	<b>\$</b>	, MS 39225 961-5210	Elevation:	
Copy information from block on Part I	·	1-5228 (fax)		
This part of the report must be completed	hv a licensed water well i	contractor or a licensed numn	installer. A conv of Part 1 of the	
report must be attached and both parts fil	ed with the Department a	t the above address within 30	days of well completion.	
Well Owner Information		Well Location		
Owner Name: Burris Foundation		Latitude: 33.38.04" Longitude: 90057, 57"		
Mailing Address: 1111 Eagt Gammyn Drive		Method of Lat/Long (check one): Conventional Survey.		
		USGS quad, Hand-hel	d GPS <u>*</u> , Survey-grade GPS	
Greenville M	5 38701	SE 1/4 SW 1/4 Sec	30 T ZIN R 07W	
City State	Zip Code	Distance Direction	Nearest Town of Benoit	
Telephone No. ()			of Benoit	
Pump Type Circle one			ower Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	i	r (specify):	
Other (specify):		Horse Power Rating of Moto	or: <u>60</u>	
Date Pump Installed: 6/21	<u>' 11                                  </u>	Setting Depth: 70		
~ ~ ~ ·	_Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of M	leasuring Water Level	
Date Well Tested:			Circle one easuring Line Steel Tape	
Static Water Level (A):Fee	t Below Land Surface	Air Line Electric Mo Other (specify):	-	
Pumping Water Level (B):Feet	: Below Land Surface	Omer (specity).		
Drawdown [(B) – (A)]:Fee		For flowing well, measured	shut in head: feet	

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

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

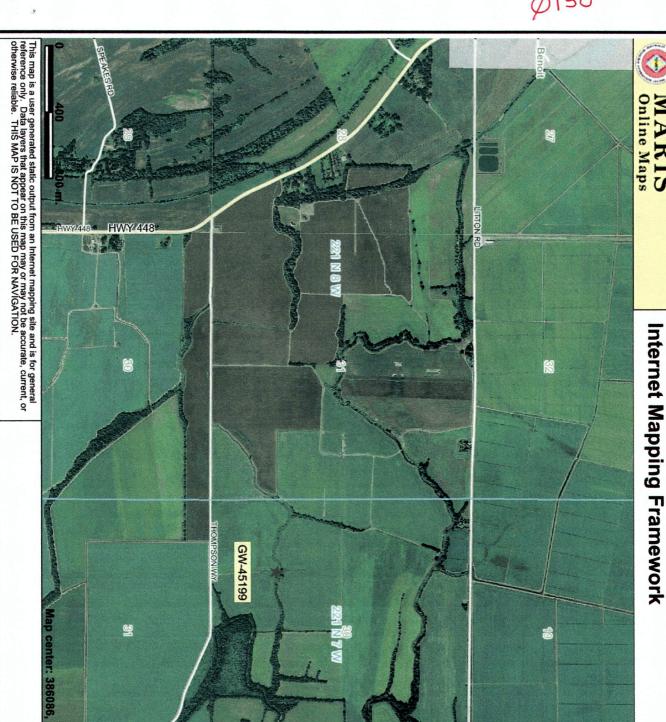
Print Name of Tump Installer and License No. (if applicable)

Test Pumping Rate:

Duration of Pump Test (minimum 4 hours):

Form: OLWR-SWR-10 (0/198) 0 8 2011

MARIS



inun)

NHD Other Areas (dbl streams and Other Urban (non-incorporated) Incorporated Cities

MS One Call County Roads and Streets

MS One Call 3 digit State Highway MS One Call US / State Highway

0

Scale: 1:22,208

MARIS Online Maps

claiborne07\_m.sid choctaw07\_m.sid chickasaw07\_m.sid carroll07\_m.sid

clarke07\_m.sid

bolivar07\_m.sid

benton07 attala07\_m.sid amite07\_m.sid alcorn07\_m.sid adams07\_m.sid

calhoun07\_m.sid



County Boundaries

Legend

Township

**Public Land Survey System** 

MS One Call Natchez Trace Parkway

MS One Call Interstate Highway