

N-N-Farms
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:

Aquifer: _____
Well #: R-190
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW 41696 #
Driller: JOHN NEWCOME 773
Date drilling completed: 3-19-07

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.

Well Owner Information	Well Location
Owner Name: <u>N¹/₂ N PROPERTY GS</u>	Latitude: <u>33.32.42"</u> Longitude: <u>90° 58.47"</u>
Mailing Address: <u>2612 Hwy 446</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boyle, Ms. 38730</u>	USGS quad: <u>SW 1/4 NE 1/4 Sec 26 T25 N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>662-846-6987</u>	<u>7</u> Miles <u>N</u> of <u>GREENVILLE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-19-07 Date well drilling completed: _____

If flowing, 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: _____

Hole depth: 117 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 93 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 23 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 90-103 feet to 106-116 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable) No log run Electric Gamma Ray 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
Print Name of Water Well Contractor and License No.

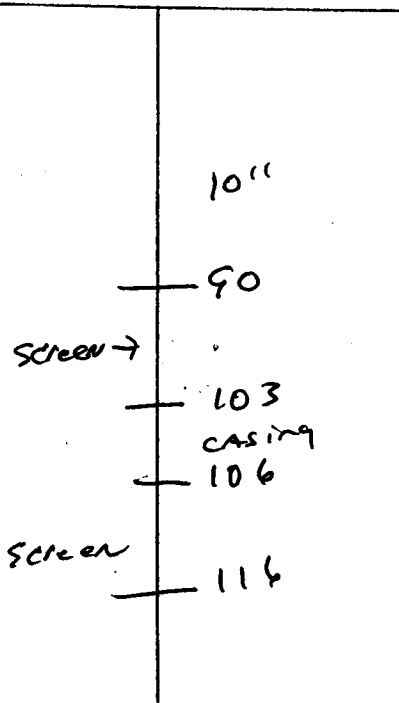
[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

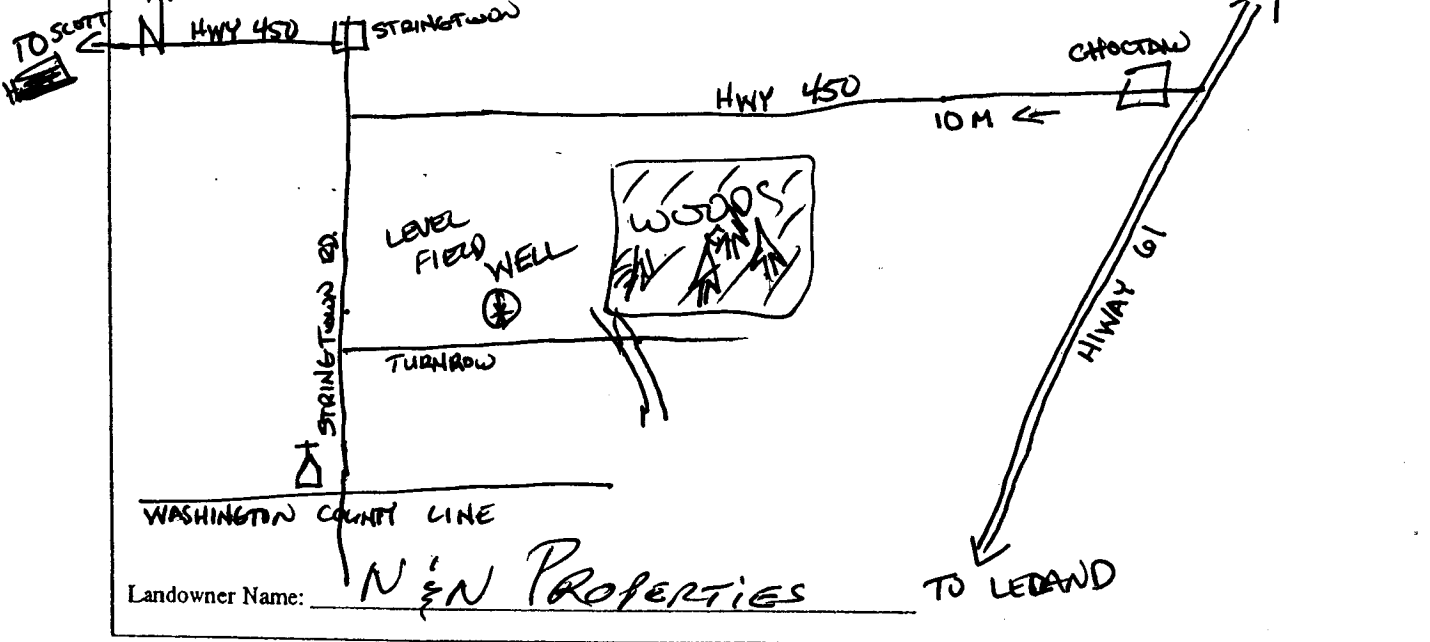
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	40
Fine Sand	40	90
COARSE Sand	90	103
Fine Sand	103	106
COARSE Sand	106	114
Sandstone	114	117

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.



Landowner Name: N & N PROPERTIES

[Signature]
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
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:

Aquifer: _____

Well #: R-190

Elevation: _____

County: BOCIVAR
Permit #: OW 41696
Driller: JOHN #773 NEWCOM
Date completed: 3-19-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>N & N PROPERTIES</u>	Latitude: <u>33-32-42</u> Longitude: <u>091-58-47</u>
Mailing Address: <u>2612 Hwy 446</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BOYLE, MS. 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4 Sec 36 Twp 20N Rng 8W</u>
Telephone No. <u>662-846-6987</u>	Distance _____ Direction _____ Nearest Town _____
	<u>? Miles N of GREENVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-20-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level 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	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A) <u>TEST</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GLENN ROWE #710 P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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