	State We	ell Report	For Office Use Only:	
County: BOUVAR	Pa	rt 1		
	Mississippi Department	of Environmental Quality	Aquifer: 2 218	
Permit #: <u>6W-43862/</u>	Office of Land ar	d Water Resources	Well #:	
Driller: J. NEWCOME 0.773	P.O. B	ox 10631 S 39289-0631	L. S. Elevation:	
Date drilling completed: 5.4.2011	18CK2011-M	61-5210	L. S. Elevation.	
Date drilling completed:		-6938 (fax)	E-log #:	
State Law requires that this re	port be prepared by the	driller in detail and filed v	vith the Department within	
30 days of completion of drilling	ng of the well.			
Well Owner Inform			l Location	
Owner Name Dolta Pine Lo	nd MGICOLP	Latitude: 33 . 36 . 22	" Longitude: 91 .02 .25"	
Mailing Address: P.O. Box 5669		Method of Lat/Long (circle of	ne): Conventional Survey,	
. *			USGS quad Hand-held GPS, Survey-grade GPS	
0 110 0			wn 2010 Rng 08 W	
G (eenuille 1	<u> </u>	1 " '	1	
-		Distance Direction Miles NE	Nearest Town	
Telephone No. ()		Miles NC	01_5501	
Acceptance of the control of the con	Well	Data		
		·	Others	
Purpose of Weil (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 5-4-2				
If flowing, method of flow regulation:	Valve Other (	describe)		
Static Water Level:for	•		d:	
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 97 Wel	II depth: <u>95</u>	Well grouted to a depth o	ffeet	
Type of grout (circle one): Cement	Bentonite Mi		P.V.C.	
Casing length: 55 feet Casing diameter: inches Type of casing: Y.V.C.				
40 N.C.				
	Screen diameter: 10	inches Type of screen		
Screen slot size: .050 inches Setting depth: From _55feet to				
Type of completion (circle all applica		lerreamed Telescoped O	pen hole Natural Development	
1 4 4	Other (describe):			
Top of lap pipe or reduction in casing	g:feet. If	telescoped or more than one	screen, describe on back of page	
			0.4	
Logs run (circle all applicable). No l	<b>-</b>	ay Density Sonic Neutro	n Other:	
	og run Electric Gamma R			
Name of organization running log(s)  I certify that the well was drilled, or	og run Electric Gamma R	in accordance with all applica	able requirements of the Mississippi	
Name of organization running log(s)  I certify that the well was drilled, or	og run Electric Gamma R	in accordance with all applica	able requirements of the Mississippi	
	og run Electric Gamma R	in accordance with all applica	able requirements of the Mississippi	

Print Name of Water Well Contractor and License No.

ontractor and License No.

Signature of Water Well Contractor

Drilled for Circle 5 Im.

They mstalted the pumps.

Ground Level	Description of Formations Encountered	From To
155 16°c	CLAY SOIL  CLAY SOIL  CLAY SAND SNEUDS  CHASE SAND PROGRAMS  COUSIE SONE CHADE  TOTHER	0 10 40 50 80 50 95 95 97
+(   \   \   \	JUF Scenon	

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.

SE MAP

Landowner Name: \_\_\_\_\_

Signature of Water Well Contractor

## STATE WELL REPORT County: ROLLUAZ Part 2 For Office Use Only: Pump Installer's Completion Report Permit #: GW - 43862 Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: CHCLOCERTGATEW P.O. Box 2309 R218 Date completed: 5-4-11 Jackson, MS 39225 (601)961-5210 Elevation: (601)961-5228 (fax) 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 Well Location Latitude: 330 36.2343 Longitude: 91.02.30.39 Owner Name: DELTA PLUE LAND 35 Method of Lat/Long (check one): Conventional Survey Mailing Address: Po Box 5609 USGS quad \_\_\_\_, Hand-held GPS\_\_\_, Survey-grade GPS NE 45E 4 Sec 5 T 20N R 8W Distance Direction Nearest Town 2 Miles NE of Soft Telephone No. (\_\_\_\_)\_\_\_\_ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Other (specify): \_\_\_ Windmill Other (specify): 100 Horse Power Rating of Motor: Date Pump Installed: Setting Depth: 60 Rated Pump Capacity: \_\_\_\_\_\_ Gallons Per Minute Number of Stages: 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 Drawdown [(B) - (A)]: \_\_\_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_\_feet Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Well yielded \_\_\_\_\_GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours feet after hours of pumping

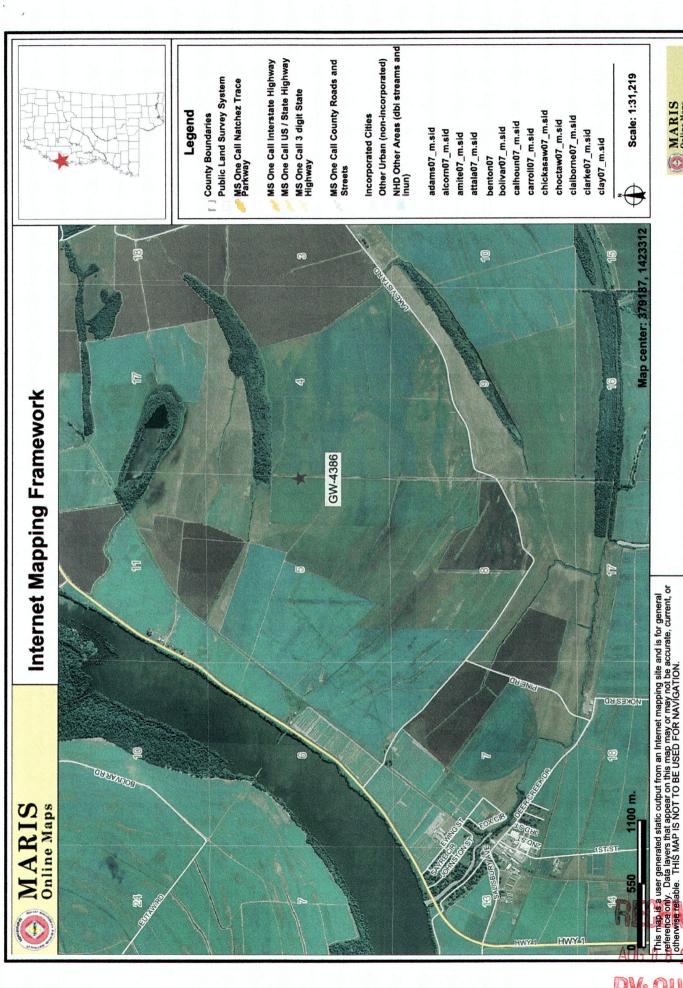
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Signature of Pump Installer

ller Form: OLWR-SWR-1B (04/08)

AUG 1 9 2011



MARIS Online Maps