## CHARIE KESON

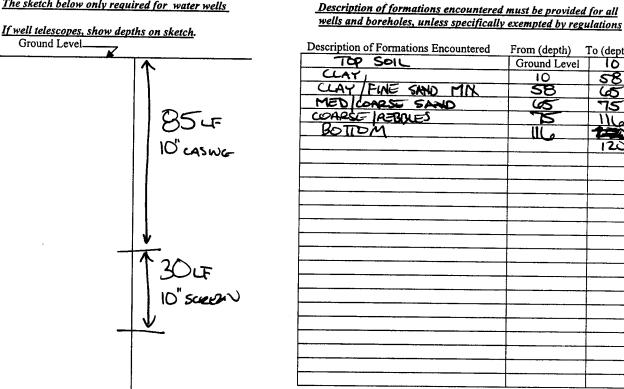
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	State Well Report		
County: Bolivar	Part 1 – Driller's Log	For Office Use Only:	
Permit #: GW-4577721	Mississippi Department of Environmental Quality	Aquifer: <u>5 157</u>	
Permit #:	Office of Land and Water Resources P.O. Box 2309	Well #:	
Driller: J. NEWCOME 0.773	Jackson, MS 39225		
Date drilling completed:	(601)961- 5210	L. S. Elevation:	
4.3.2012	(601)961- 5228 (fax)	E-log #:	
	t be prepared by the license holder responsible fo		
Department at the above address Information on Well (	within 30 days of completion of drilling of the we	<i>ell or borehole.</i> Borehole Location	
(Landowner if borehole is not fo	or a water well		
Owner Name Nand N Farm	<u>S</u>		
Mailing Address: 627 Strington	n Ka	one): Conventional Survey,	
0	USGS quad, Hand-he	Id GPS, Survey-grade GPS	
Beas't M.	5 38725 <u>SE 1/ SW 1/ Sec C</u>	Twn 20N Rng 07W	
Bendit Me City Stat	te Zip Code Distance Direction	Distance Direction Nearest Town	
Telephone No. ()	Miles S.E.	of Scott	
	Well / Borehole Data		
	illing completed: $4.3.2012$ Hole depth: 120		
Location of the source of any surface wate Method of dosing and volume of Chloring	e used in drilling and development: CHLORINE T	HBLET	
Method of dosing and volume of Chloring			
Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s):	e used in drilling and development: CHORINE T	Other:	
Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S	e used in drilling and development: <u>CHORINE</u> D Electric Gamma Ray Density Sonic Neutron ell Geotechnical/Geological Investigation Grou Survey Other ( <i>describe</i> )	Other: nd Source Heat Pump	
Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S If drilling is not related	e used in drilling and development: <u>CHORINE</u> D Electric Gamma Ray Density Sonic Neutron ell Geotechnical/Geological Investigation Grou Survey Other (describe) to water well construction, skip the remainder of this	Other:	
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PECEIVED AUR 2 2 2012 BY: OLMAR

## The sketch below only required for water wells



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) a north arrow. 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 Aggulations, if applicable, and state

laws. 4.3.2012 JOHN NEWCOME 0773

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To (depth)

10

58

120

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

5157

STATE	WELL REPORT	For Office Lice Only:	
County: BOLIVAR	Part 2	For Office Use Only:	
	Iller's Completion Report rtment of Environmental Quality	Aquifer:	
	Land and Water Resources P.O. Box 2309	Well #: 5157	
	ckson, MS 39225	Elevation:	
	(601)961-5210 01)961-5228 (fax)		
This part of the report must be completed by a licensed water report must be attached and both parts filed with the Departm	well contractor or a licensed pump ins ent at the above address within 30 day	staller. A copy of Part 1 of the ys of well completion.	
Well Owner Information		Location	
Owner Name: N AND N FARMS	Latitude: <u>33<sup>•</sup>33<sup>•</sup>40</u> <sup>••</sup>	Latitude: 33 33 40 Longitude: 90 57 50	
Mailing Address: 627 STRINGTOWN RD	Method of Lat/Long (check one	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held C	JPS <u>⊁</u> , Survey-grade GPS	
BENDITMS38725CityStateZip Code	<u>SE 1/ SN 1/4 Sec 1/4</u>	9 T 20N R 07W	
Telephone No. ()	$\frac{\text{Distance}}{7} \text{Miles} \frac{\text{Direction}}{5} \text{ of}$	Nearest Town 300 TT	
Pump Type	Do	er Type	
Air Lift Jet Submersible		rcle one	
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flowing Well		pecify):	
Other (specify):	Horse Power Rating of Motor:	1	
Date Pump Installed: 4115712	Setting Depth:		
Rated Pump Capacity:Gallons Per Minute			
Pump Test Data	Method of Meas	suring Water Level	
Date Well Tested:		cle one uring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface	Other (specify):		
Pumping Water Level (B):Feet Below Land Surface	Canor (speens).		
and the second			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shu	t in head:feet	
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	For flowing well, measured shu Well yielded		
	Well yielded		
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedfeet after	GPM with a drawdown ofhours of pumping	
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yielded	GPM with a drawdown ofhours of pumping	
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedfeet afterfeet after afterfeet afterfeet after afterfeet after afterfeet after afterfeet after a	GPM with a drawdown ofhours of pumping	

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