	State W	ell Report		
County: BOLVAR	Part 1 – Driller's Log		For Office Use Only:	
Permit #: (2W-46564)	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer: 5163	
Driller: J. NEWCOME 0773	P.O. Box 2309		Well #:	
		, MS 39225 961- 5210	L. S. Elevation:	
Date drilling completed: 9.7.2012		I- 5228 (fax)	E-log #:	
State Law requires that this repor			he work and filed with the	
Department at the above address within 30 days of completion of drilling of the well or borehole. Information on Well Owner Well or Borehole Location				
(Landowner if borehole is not for Owner Name Maxwell Farm	•	Latitude: 33 · 33 · 22 " Longitude: 10 · 57 · 15 "		
		Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 907 Hwy 448		USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NW/4 Sec 29 Twn 20N Rng 07W		
Q [L MC	3077	NW 1/2 NW/4 Sec 29	Twn 20N Rng 07W	
Benost MS City State	e Zip Code	Distance Direction	Nearest Town	
Telephone No. ()		9 Miles 5.W.	DI 3011	
	Well / Bore	hole Data		
Date drilling started: 9.7.2012 Date dri	lling completed: 97.20	12 Hole depth:	Hole diameter: 24"	
Location of the source of any surface water Method of dosing and volume of Chlorine	r used for drilling: DITC used in drilling and development	H opment: <u>CHLORINE</u> TAR	stert	
Logs run (circle all applicable): No log run Name of organization running log(s):	•	Density Sonic Neutron (Other:	
Purpose of borehole (check one): Water We	ell Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
	surveyOther (describe) to water well construction	ı, skip the remainder of this blo	ck	
Purpose of Well (check one): Home In	dustrial Public Supply	Irrigation Fish Culture _	Other:	
If a flowing well, method of flow regulation	n: ValveO	her (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: \(\frac{110}{}\) Well grouted to a dep	oth of 10 feet Type	of grout (circle one): Neat Ceme	ent Bentonito Mix	
Casing length: To feet Casing diameter: 16 inches Type of casing: ?.U.C.				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.				
Screen slot size:inches	Setting depth: From	TO feet to 4	OIIC 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. <i>If tele</i>	escoped or more than one scree	n, describe on next page	
			Form: OL W/D SW/D 14 (04/08)	

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

The	sketch	helow	only	reauired	for	water 1	vells

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

If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
ΙΔ	TOP SOIL	Ground Level	10
11	CLAY	10	40
	FUNE IMEDIUM SAUD	40	65
	MEDIUM SARVY	65	1
	COARSE SAUD PUBLICUE	75	183
1170.	BOTTOM	।०५	115
16' CASWA			
1 1/11			<u> </u>
1 Le CASUL		<u> </u>	
11			
<u> </u>			1
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16" screen			+
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		+	
		1	1
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.	, , , , , , ,	·	
	Set	MAP	
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 9.7.2012 John

Print Name of Responsible Licensee and License No.

Date

STATE WELL REPORT

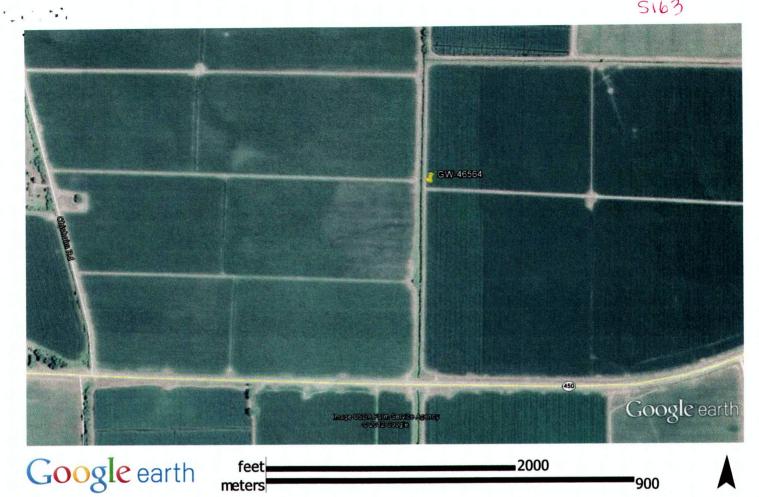
Part 2

County: Bolivar Pormit #: 6W-46564 Driller: J. Newcome 0.7

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

For Office Use Only:			
Aquifer:			
Well #:			
Elevation:			

	(601)354-6938 (fax)		Elevation:
This report should be prepared by the installation of pump.	e pump installer in detai	l and filed with the Departmen	t within 30 days of the
Weil Owner Informat	ion	Well	Location
Owner Name: Maxwell Fall	n S	_	Aconginude: 90.57-15
Mailing Address: 907 HWY		Method of Lat/Long (circle on	
R. F. MAC	:52272 <i>c</i> =		-held GPS Survey-grade GPS
City State	38725 Zip Code	NW 1/4 NW 1/4 Sec 2	7 Two 20N Rog 07W
-		Distance Direction	Nearest Town
Telephone No. ()		Miles S.W. o	s_Scott
72			
Pump Type Circle one		1	ver Type rcle one
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (specify):
Other (specify):	· .	Horse Power Rating of Motor:	
Date Pump Installed: 7-11-20	012	Setting Depth: 70	
Rated Pump Capacity: 2000	Gallons Per Minute	Number of Stages:	
Pump Test Data Date Well Tested:			asuring Water Level role one
Static Water Level (A):	Below I and Surface	Air Line Electric Mean	suring Line Steel Tape
1 \ _ X \ \	elow Land Surface	Office (specify):	
Drawdown [(B) - (A)]:	Relow Land Surface		
Test Pumping Rate:	Below Land Surface	For flowing well, measured sh	
1	_Gations Per Minute ~	Well yielded	_GPM with a drawdown of
Duration of Pump Test (minimum 4 hours)	bours	fcet after_	hours of pumping
T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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 Pume In	staller FEB 2 0 2013



RECEIVED

FEB 2 0 2013

BY: OLWR