Bob Barnes

State Well Report

Part 1

For Office Use Only:

	Driller: John Newcome P.O. I Date drilling completed: Y-20-06 (601)	nt of Environmental Quality and Water Resources Box 10631 4S 39289-0631 1961-5210 4-6938 (fax)	Aquifer:		
	State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within		
	Well Owner Information	Well	Location		
	Owner Name ALPS PLANTATION	Latitude: 33 . 00 . 24	" Longitude 040 ° 58 ' 04 "		
	Mailing Address: Clo Bob BARNES	Method of Lat/Long (circle on	e): Conventional Survey,		
l	to 100x/17	USGS quad, Hand-held	GPS, Survey-grade GPS		
	GRACE MS. 38745		Twn 13N Rng BW		
	Telephone No. 62-379-1397	Distance Direction 19 Miles Worth	of Charles Mars.		
l	Well I	Data			
	Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: <u>JUL 2 5</u> 2006		
	Date well drilling started: 4-20-06 Date w	well drilling completed: 4-20	0-06 YMD JOINT WATER		
If flowing, method of flow regulation: Valve Other (describe) MANAGEMENT DISTRICT					
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 4-28-06					
	Method of Measurement (circle one) steel tape electric tape	•			
Hole depth 05 to Well depth: 180 Well grouted to a depth of 10 feet					
	Type of grout (circle one): Cement Bentonite Mix		^		
	Casing length: 6cet Casing diameter: 10	inches Type of casing:			
	Screen length:	inches Type of screen:	i i		
	Screen slot size: OSO inches Setting depth: From_	80 feet to 10	<u>feet</u>		
	·	reamed Telescoped Open l	nole 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)				
	a certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Micelesiani				
	Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
	JOHN HEWIGHE 0-773	(d. i)			
_	Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		

County: ISSAQUENA

Sob Barnes

County: ISSAQUENA Permit #: 6(1) (1/2(1/6) Driller: JOHN NEWCOME Date drilling completed: 4-20-06

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 #: 4- 115			
L. S. Elevation:			
E-log #:			

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

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name ALLS PLANTATION	Latitude: 33 . 00 . 24 " Longitude 090 . 58 . 69 "			
Mailing Address: CO BOB BARNES	Method of Lat/Long (circle one): Conventional Survey,			
10/30x/87	USGS quad, Hand-held GPS, Survey-grade GPS			
GRACE MS. 38745 City State Zip Code	NE 14 NE 14 Sec Twn 13N Rng BW			
Telephone No. 62-379-1397	Distance Direction Nearest Town 29 Miles North of Grace Miss.			
Well 1	Data			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 4-20-06 Date	well drilling completed: 4-20-06			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 30 feet above or below (circle one)	and surface Date measured: 4-20-06			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth 03 to Well depth: 100	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 60 feet Casing diameter: 10	inches Type of casing:			
Screen length: 20 feet Screen diameter: 10	inches Type of screen: PVC			
Screen slot size: OSO inches Setting depth: From	So feet to 100 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	1d Duran			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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BY: OLVER

If well telescopes	please sketch	below and	d show	denths

A-

Ground Level		Description of Formations Encountered	From	To
		Top Soil	0	10
		mix CIAZ	10	প্ত
		Fine sand	40	80
	101' CASing	gravel	80	10
	_ 80 '			
,				-
20' 10'sclear				
10° clear				
, 300	100			
			_	
				
				<u> </u>

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

Sketch the property layout and in aid in locating the v 4) indicate direction	clude the following: 1) the well location; 2) any per well; 3) any roads, power lines, or other items that m n.	rmanent structures on the property that may nay aid in locating the property and the well;
N HWY 1	white house	Farmers Grocery S
i i Cos		Grace Miss.
Lines Landowner Name: BoB	Barnes	

Signature of Water Well Contractor

County: ISSA QUENA

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

	For Office Use Only:
Aquife	er:
Well #	A-115
Elevati	ion:

	(601)35	4-6938 (fax)	Elevation:	
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: ALPS PLANTATION		Latitude 33-00-26 Longitude: 090-58-09		
Mailing Address: Clo BB BB	RUES	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 14 NE 14 Sec / Twn 3N Rng 8 14		
To Box (8"	7			
GRACE MS. City State	Zip Code			
		Distance Direction	Nearest Town	
Telephone No. 162-379 - (3	97	2.9 Miles N of GRACE, MS.		
Pump Type		Po	wer Type	
Circle one			Firele one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne 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	20	
Date Pump Installed: 4-22-66		Setting Depth: 70 14.	feet	
Rated Pump Capacity: 2000	Gallons Per Minute	Number of Stages:		
Pump Test Data	•	Method of Me	asuring Water Level	
Date Well Tested:			ircle one	
Static Water Level (A):Feet I		Air Line Electric Mea	suring Line Steel Tape	
Pumping Water Level (B):	elow Land Surface	Other (specify):		
	Below Land Surface	For flowing well, measured sh	out in head:feet	
Test Pumping Rate:	Gallons Per Minute ~	Well yielded		
Duration of Pump Test (minimum 4 hours):	hours		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				
T Stomet and December 14	o. (II applicable)	Signature of Pump In	statier	

RECEIVED JUL 18 2006 BY: OLWR