DORMBUSCH#5 (KELSO RD.)

County: ISSA QUENA Permit #: 600 - 46549 Driller: J. NEWCOME 0.773 Date drilling completed: 3.8.2012 State Law requires that this report	State Well Report Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)		For Office Use Only: Aquifer: Well #: L. S. Elevation: E-log #: the work and filed with the
Department at the above address	within 30 days of comp	letion of drilling of the well	or borehole.
Information on Well O	wner	Well or Bo	rehole Location
(Landowner if borehole is not for		27 . 28 . 41	" Longitude: 90.52,25"
Owner Name Floweree Flanting Company			
Mailing Address: 3360 Flowere	/ ^ 1/	Method of Lat/Long (circle or	
			GPS Survey-grade GPS
Reduced MS City State	39156 Zip Code	NE 1/4 NW 1/4 Sec 12 Distance Direction Miles N.W.	Twn OGN Rng 07 V
Telephone No. ()		ivines <u>IV.VV.</u>	OI TALLEY TAKE
	Well / Bore	hole Data	
Date drilling started: 3.8.2012 Date drill	ling completed: 3.8.20	12 Hole depth: 122	Hole diameter: 24"
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: DIT used in drilling and development	opment: CHLORINE -	TABLETS
Logs run (circle all applicable). Alo log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Wei	ll Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic Su If drilling is not related to	urveyOther (describe) o water well construction	1, skip the remainder of this blo	ock
Purpose of Well (check one): Home Inc	dustrial Public Supply	Irrigation Fish Culture _	Other:
If a flowing well, method of flow regulation	: Valve Of	ther (describe)	
Static Water Level:feet abo	ve or below (circle one) la	and surface Date measured:_	<u> </u>

Method of Measurement (circle one)

Top of lap pipe or reduction in casing:

Casing length:

Screen slot size: .057

Screen length:

Well depth: 120 Well grouted to a depth of 10 feet

steel tape

Casing diameter:

Screen diameter:

Type of completion (circle all applicable): Gravel packed Underreamed

electric tape

Setting depth: From

Other (describe):

air line

inches

inches

other:

Type of grout (circle one): Neat Cement Bentonite

Type of casing:

Type of screen:

feet. If telescoped or more than one screen, describe on next page

Open hole

Telescoped

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

Natural Development

feet

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MAY 2 3 2012

BY: OLWR

. ,			
The sketch below only required for water wells	Description of formations encountered	must be providea	l for all
If well telescopes, show depths on sketch.	wells and boreholes, unless specifically	exempted by reg	ulations
Ground Level	Description of Formations Encountered	From (donth)	T- (d4L)
	TOP SOIL	From (depth) Ground Level	To (depth)
1	CLAY	10	30
	CLAY FINE SAND STRUK	570	75
	COARSE TAND REDBUE STREET	175	120
	BOTTOM	120	122
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(G G43170C			
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1 10 =			
11 40 4			İ
16 Screw			
1. 1(0 <course)< td=""><td></td><td></td><td></td></course)<>			
V		<u> </u>	
			<u> </u>
J		-	
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, o	location; 2) any permanent structures on the p	roperty that may	
4) a north arrow.	other items that may aid in locating the prop	erty and the well	,
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			1

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

JOHN NEWCOME 0:773 3.8.2012

Print Name of Responsible Licensee and License No.

Landowner Name:

Date

Signature of Licensee

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

County: Issaquena Permit #: GW - 45549 Driller: J. Newcome 0-773 Date completed: 3-8-7012

STATE WELL REPORT Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210

For Office Use Only:	
Aquifer:	
Well #:	F57
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 Location Well Owner Information Owner Name: Floweree Planting Company Latitude: 32 38 41 Longitude: 90 52 25 Method of Lat/Long (check one): Conventional Survey____, (Hand-held GPS), Survey-grade GPS___ USGS quad NE 14 NW 1/4 Sec 12 TO9N R 07W Distance Direction Nearest Town
Miles N.W. of Valley Park Telephone No. (Pump Type Power Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Piston Turbine Bucket Electric Motor Hand Tractor PTO Centrifugal Flowing Well Windmill Rotary Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: feet Rated Pump Capacity: ___ Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Date Well Tested: Circle one 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: 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

This is for (circle one):	New Well	Replacement of Existing Pump	Repair of Existing Pump	
I HEREBY CERTIFY that the Print Name of Putp Installe	Swe C	ts are true to the best of my knowl (if applicable)	Don	RECEIVED MAY 7 3 2012 SWR-1C (07-09)