

KUNTZ #2 PILOT

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 #: N-109
L. S. Elevation: _____
E-log #: _____

LEFLORE 600

Well #: 0-773 40908

Driller: JOHN NEWCOMB

Date drilling completed: 12-29-05

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.

Well Owner Information	Well Location
Owner Name: <u>BEAR CREEK FARM PTR</u>	Latitude: <u>33.24.473"</u> Longitude: <u>90.19.473"</u>
Mailing Address: <u>PO Box 509</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> ²⁹ Conventional Survey ²⁹
<u>LAKE VILLAGE AR. 71653</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 20</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance <u>4.4</u> Miles Direction <u>South</u> of Nearest Town <u>...</u>
Telephone No. <u>870 265 3800</u>	

RECEIVED

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: FEB -1 2006

Date well drilling started: 12-29-05 Date well drilling completed: 12-29-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 12-29-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 50 feet to 90 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 NEWCOMB 0-773 [Signature]

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

40908

KUNTZ #2 PILOT

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Part 1

County: LEFLORE
 Permit #: 0-773 6W40800
 Driller: JOHN NEWCOME
 Date drilling completed: 12-29-05

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 Well #: N-109
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Mailing Address: <u>c/o EDWIN KUNTZ</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, _____
<u>PO Box 509</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 20</u> Twn <u>18N</u> Rng <u>1W</u>
<u>LAKE VILLAGES AR. 71653</u>	Distance: <u>4.4</u> Miles Direction: <u>South</u> of Nearest Town: <u>ITTA BENA</u>
City State Zip Code	
Telephone No. <u>870) 265-2900</u>	

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JOHN NEWCOME 0-773 _____
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RECEIVED
 JAN 27 2006
 BY: OLWR

