

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-110
L. S. Elevation: _____
E-log #: _____

LEFLORE 6W

0-773 40809

Driller: JOHN NEWCOME

Date drilling completed: 12-28-05

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° 25' 29"</u> Longitude: <u>89° 19' 57"</u>
Mailing Address: <u>C/O EDWIN KUNZ</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>PO Box 509</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>LAKE VILLAGE, AR. 71453</u>	<u>NW 1/4 NE 1/4 Sec 20</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>NORTH</u> of <u>Nearest Town</u>
Telephone No. <u>870) 245-2900</u>	RECEIVED

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: FEB - 1 2005

Date well drilling started: 12-28-05 Date well drilling completed: 12-28-05

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: 60 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 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): _____

JOINT WATER MANAGEMENT DISTRICT

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
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

40809

Kuntz #1

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Office of Land and Water Resources
P.O. Box 10631
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(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: N-110
L. S. Elevation: _____
E-log #: _____

County: LE FLORE
Permit #: 0-7736W40809
Driller: JOHN NEWCOME
Date drilling completed: 12-28-05

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.

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Owner Name: <u>BEAR CREEK FARM PIR</u>	Latitude: <u>33° 25' 29"</u> Longitude: <u>90° 19' 57"</u>
Mailing Address: <u>C/O EDWIN KUNZ</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>PO Box 509</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>LAKEVILLE, AR. 71453</u>	<u>NW 1/4 NE 1/4 Sec 20</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>870) 245-2900</u>	<u>3</u> Miles <u>North</u> of <u>Morgan City</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

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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
Print Name of Water Well Contractor and License No.

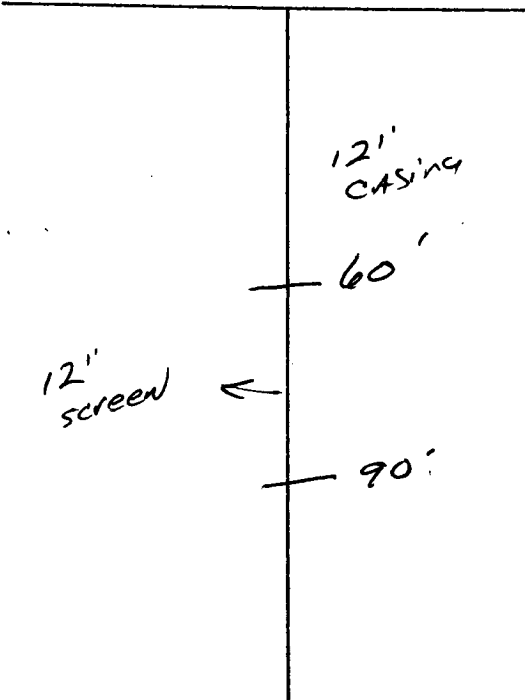
[Signature]
Signature of Water Well Contractor

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JAN 27 2006
BY: OLWR

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If well telescopes please sketch below and show depths.

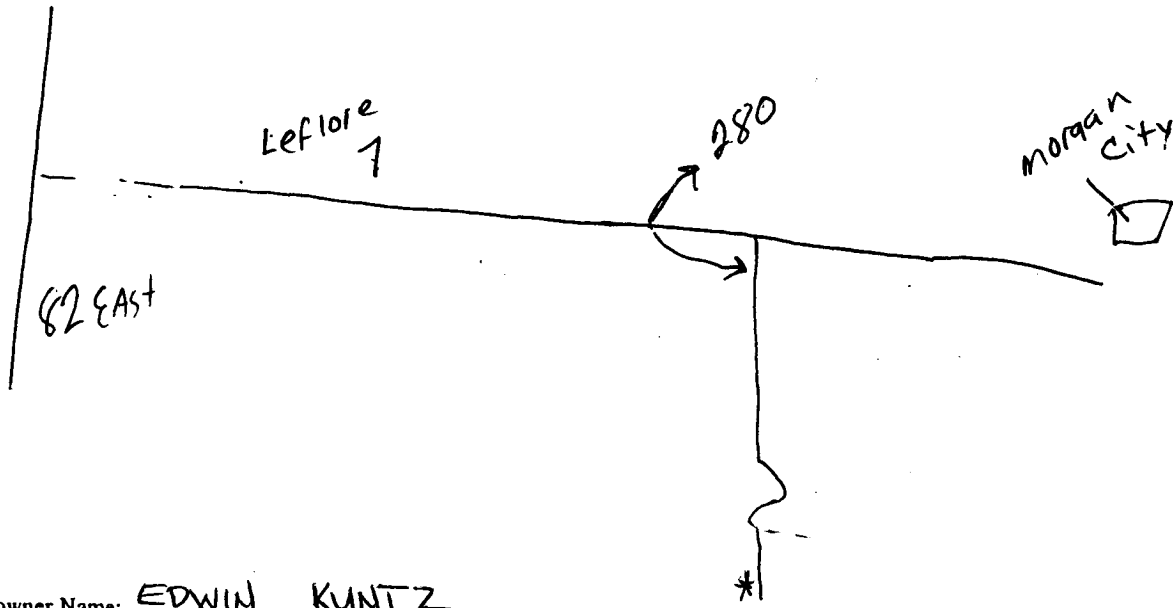
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
FINE SAND	10	20
COARSE SAND	20	93

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) indicate direction.



Landowner Name: EDWIN KUNTZ

John Dewey

Signature of Water Well Contractor

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
 (601)354-6938 (fax)

County: LEFLORE
 Permit # GW40809
 Driller: JOHN NEWCOMB
 Date completed: 12-28-05

For Office Use Only:

Aquifer: _____
 Well #: N-110
 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: <u>BEAR CREEK Farm PTA</u>	Latitude: <u>33-25-29.18</u> Longitude: <u>090-19-57.34</u>
Mailing Address: <u>e/o EDWIN KUNZ</u> <u>PO Box 509</u> <u>LAKE VILLAGE, AR. 71653</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NL</u> 1/4 <u>NE</u> 1/4 Sec. <u>20</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. <u>870-265-2900</u>	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>MORGAN CITY</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>(Diesel Engine)</u> Gasoline Engine Natural Gas
Bucket Piston <u>(Turbine)</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>12-29-05</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>NOT TESTED</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2000</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE 710-P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 27 2006
 BY: OLWR