	DORNBUS	H # 8		
.	_			
County: Shorkey		ell Report	For Office Use Only:	
County: Drof Neg	Part 1 – Driller's Log Mississippi Department of Environmental Quality		Aquifer:	
Permit #: <u>6W-4555</u>	Office of Land and Water Resources		Well #: K11	
Driller: J. NEWCOME 0.773	P.O. Box 2309 Jackson, MS 39225			
Date drilling completed: 3.16.2012	* (601)961- 5210		L. S. Elevation:	
	(001)90	1- 5228 (fax)	E-log #:	
State Law requires that this report be prepared by the license holder responsible for the 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 O	wner		orchole Location	
	Landowner if borehole is not for a water well)		" Longitude: 90.51 . 18"	
Owner Name Flowerer Planting Company Mailing Address: 3360 Flowerer Road Redwood MS 39156 City State Zip Code		Method of Lat/Long (circle one): Conventional Survey,		
		Method of Lat/Long (circle or	ne): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS		
		NE 1/2 SW 1/2 Sec_ 31	Twn ION Rng 06W	
		Distance Direction 2.5 Miles N.E.	Nearest Town of VAUEY PARK	
Telephone No. ()				
	Well / Bore	hole Data		
Date drilling started: 3.16.2012 Date dri	lling completed: 3.16.20	D12 Hole depth: 122	Hole diameter: 20	
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling: <u>CRE</u> used in drilling and devel	EK	BLET	
Logs run (circle all applicable): No log rur Name of organization running log(s):				
Purpose of borehole (check one): Water W	el Geotechnical/Geol	ogical Investigation Ground	l Source Heat Pump	
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:				
If a flowing well, method of flow regulation		N		
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: $\frac{120}{20}$ Well grouted to a dep				
1 -		inches Type of casing:		
Screen length: <u>50</u> feet Screen Screen slot size: <u>550</u> inches		inches Type of screen:	20 feet	
Type of completion (circle all applicable)			<u> </u>	
Type of compression (encire an approach).			_	
Top of lap pipe or reduction in casing:	· · · ·			
			Form: OLWR-SWR-1A (04/08	

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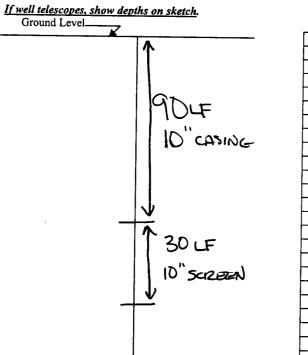
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MAY 2 3 2012

BY: OLWR

KII

The sketch below only required for water wells



wells and boreholes, unless specifically exempted by regulations			
		114110113	
Description of Formations Encountered	From (depth)	To (depth)	
TOP Soll	Ground Level	110	
CLAY	10	55	
FINE -AND CLAT SIRIPS	35	85	
MED. SAND,	85	95	
COARSE SNAND PUBLIES	95	120	
BOTTOM	120	122	
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Description of formations encountered must be provided for all

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

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.

0.773 3.16.2012 JOHN NEWCOME

Print Name of Responsible Licensee and License No.

Signature of Licensee

County: Sharkey Permit #: <u>GW-45553</u> Driller: <u>J. Newcome</u> D-773 Date completed: <u>3-17-2012</u> H Pump Installer Mississippi Departme Office of Land P.O. Jackso (601	ELLL REPORT Part 2 's Completion Report nt of Environmental Quality and Water Resources Box 2309 n, MS 39225)961-5210 61-5228 (fax)
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion. Well Location
Owner Name: Floweree Planting Company Mailing Address: <u>3360 Floweree Road</u> Redwood MS. <u>39156</u> City State Zip Code	Latitude: <u>32 40 15</u> Longitude: <u>90 51 14</u> Method of Lat/Long (check one): Conventional Survey_, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE4_NW4_Sec31T_10 NR_06W</u> Distance Direction Nearest Town <u>2.75MilesN.EofValley_Park</u>
Pump Type Circle one Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Air Line Electric Measuring Line Steel Tape Other (specify):
This is for (circle one): New Well Replacement of Ex	isting Pump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best <u>Comp</u> Roue O-TIP Print Name of PumpInstaller and License No. (if applicable)	of my knowledge Signature of Pemp Installer Form: OLWR-SWR-1C (07-09) EY: OLV

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