;				
	State W	'ell Report		
County: WASHINGTON	Part 1 – Driller's Log		For Office Use Only:	
Permit #: (7W - 45328	Mississippi Department of Environmental Quality		Aquifer: A 234	
		nd Water Resources Box 2309	Well #:	
Driller: J. NEWCOME 0.773		n, MS 39225		
Date drilling completed: 7-25-2011		961- 5210	L. S. Elevation:	
Date drilling completed:	(601)961- 5228 (fax)		E-log #:	
State Law requires that this repor	i I he prepared by the lice	ense halder resnansihle for i		
Department at the above address				
Information on Well C)wner		rehole Location	
(Landowner if borehole is not fo	or a water well)	Talled 23 28 18	",	
Owner Name Delta Conservation	Donoustration Contro	Latitude: 33 40 10	Longitude: 10 50 90"	
		Method of Lat/Long (circle or	" Longitude: 90,58,58," 59,03 ne): Conventional Survey,	
Mailing Address: V.O. \30x 711	Mailing Address: P.O. 130x / 11			
			GPS, Survey-grade GPS	
M -) \ (2 7/7/2	Stot 1/4 Sec 319	Twn 19N Rng 08W	
Metcalfe M City Stat	38/60	I NE NW 25		
City Stat	e Zip Code	Distance Direction Miles NE	Nearest Town	
Telephone No. ()		IVATICS	01	
	Well / Bore		. • •	
Date drilling started: 7-25.20 11 Date dri	lling completed: 7.25.2	on Hole depth: 10 1	Hole diameter: 24"	
Location of the source of any surface water				
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running $log(s)$:				
B				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground 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 In	dustrial Public Supply	Irrigation X Fish Culture _	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) ste	eel tape electric tape	air line other:		
Well depth: Well grouted to a dep	oth of 10 feet Type	of grout (circle one): Neat Ceme		
Casing length:feet Casing diameter:inches Type of casing:				

inches

Underreamed

Type of screen:

feet to

Open hole

Telescoped

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

Screen length:

Screen slot size: .050

Type of completion (circle all applicable).

Top of lap pipe or reduction in casing:

Screen diameter:

Setting depth: From

Gravel packed

Other (describe):

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

Natural Development

feet



BY: OLWR

The	skotch	halow	anly	required	for	water	walle
1116	SKELCH	veun	only	requirea	JUT	water	weus

If well telescopes, show depths on sketch.

Ground Level_______

LOS LF
16" CASING

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	35
FINE SAND	35	52
MED FINE SAND STRUT	52	65
COARSE SAND PEBBUES	45	103
ROLLOW,	103	707
	1	

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) a north arrow.
Landowner Name:
Form: OLWR-SWR-1A (04/08

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.

TOHN NEWCOME 0.113

Print Name of Responsible Licensee and License No.

Data

Signature of Licensee

	STATE WELL REPORT		For Office Use Only:		
County: Washington	Part 2		To ome say.		
Permit #: GW-45328	Pump Installer's Completion Report		Aquifer:		
(VIII)	Mississippi Department of Environmental Quality Office of Land and Water Resources		A A 2 A		
Driller: J. New Come 0-713	P.O. I	Box 2309	Well #: A 234		
Date completed: 7/25/2011	Jackson	, MS 39225	Elevation:		
·		961-5210 1-5228 (fax) *			
Copy information from block on Part 1	(001)90.	1-3220 (lax)			
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 Owner Information			l Location		
Owner Name: Delta Congervation	on <u>Demonstratio</u>	1 Latitude: 330 26 150	Longitude: 90.58.56"		
Mailing Address:	Center	Method of Lat/Long (check or	ne): Conventional Survey		
P.O. Box U	Mailing Address.		GPS X, Survey-grade GPS		
- A 1 1 C - 1 A	· 202: 0	· —			
Metcalle M	0 38160	91 4 91 4 Sec	24 TIGN & OBW		
City State	Zip Code	NE NW Distance Direction	25 Nearest Town		
Telephone No. ()		Miles NE o	f breenville		
Pump Type		Po	wer Type		
Circle one			Circle one		
Air Lift Jet	Submersible (Diesel Engine Gasolin	ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify):		1	: <u></u>		
Date Pump Installed: 8 3 11		Setting Depth: 76	foet		
Rated Pump Capacity: 2600	_Gallons Per Minute	Number of Stages: 2			
		Nr.41 - 3 - CN/L			
Pump Test Data Date Well Tested:			easuring Water Level Circle one		
			asuring Line Steel Tape		
Static Water Level (A):Fee	t Below Land Surface	Other (consider)			
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]:Feet	t Below Land Surface	For flowing well, measured	hut in head: feet		
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		

Replacement of Existing Pump

New Well

This is for (circle one):

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWRAD 0.08, 2011

Repair of Existing Pump