County: WASHINGTON

Permit #: GW-45702

Driller: J. NEWCOME 0.773

Date drilling completed: 6.25.2012

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State Well Report

Part 1 – **Driller's Log**Mississippi Department of Environmental Quality
Office of Land and Water Resources

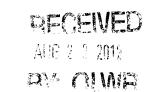
P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only: \
Aquifer: A 250
Well #:
L. S. Elevation:
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.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name Winn Us, Eustace H, Estate	Latitude: 33 • 29 · 30 " Longitude: 91 • 05 · 43"
Mailing Address: 1391 East Reed Road	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE SE Direction Nearest Town Miles N of GREENIUE
Telephone No. ()	
Well / Bore	hole Data
Date drilling started: 6.25.12 Date drilling completed: 6.25.	12 Hole depth: 102 Hole diameter: 24 14
Location of the source of any surface water used for drilling: DIT Method of dosing and volume of Chlorine used in drilling and devel	OPMENT: CHLORINE TABLETS
Logs run (circle all applicable): No log ruh Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well X Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe If drilling is not related to water well construction) n, 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: ValveO	ther (describe)
Static Water Level:feet above or below (circle one) l	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	
Well depth: Well grouted to a depth of U feet Type	0.10
Casing length: 6 feet Casing diameter: 6	inches Type of casing: Y,V,
Screen length:feet	inches Type of screen:
Screen slot size:, OSOinches	GO feet to IOC feet
Type of completion (circle all applicable). Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next page

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



The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
SAND	10	55
MEDIUM SAND	55	98
CUAT	18	102
		
		
	<u> </u>	
	 	
		<u> </u>
	<u> </u>	

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

4) a north arrow.	well; 3) any roads, power l	mes, or other items that ma	y aid in locating the	property and the well;
			100	
	SEE	MAP		
owner Name:				

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.

JOHN NEWCOME

Print Name of Responsible Licensee and License No.

County: WASHINGTON

1

Driller: S.NEWWME 0-773

Date completed: U-25-2012

Copy information from block on Part 1

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 (601)961-5228 (fax)

For	Office Use Only:	
Aquifer:		
Well #:		
Elevation:		

Well Owner Information	at the above address within 30 days of well completion. Well Location
Owner Name: EUSTACE H WINN 32 ESTATE	Latitude: 33° 29' 30° Longitude: 91° 05' 43"
Mailing Address: 1391 EAST REED RD	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS_X, Survey-grade GPS
GREENVILLE MS 38701	IR 4 IR 4 Sec 19 TIAN ROAW
GREENVILLE MS 38701 City State Zip Code	
Telephone No. ()	Distance Direction Nearest Town Miles N of GREENVILLE
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible (Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 630/12	Setting Depth:
Rated Pump Capacity: 2000 Gallons Per Minute	Number of Stages:
Pump Test Data Date Well Tested:	Method of Measuring Water Level 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:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
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	of my knowledge
THERED I CERTIF I that the above statements are true to the best	or my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR 10,00 - OF WELD