GTET

County: WASH: 12 + 35 County: WASH: 12 + 37 Permit #: 6W - 43766 Driller: J. NEWCOME 0.773 Date drilling completed: 5-13-201

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: 247
Well #:
L. S. Elevation:
E-log #:

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

30 days of completion of drilling of the well.				
Well Owner Information	Well Location OV			
Owner Name 6TAT Farms	Latitude: 33 ° 22 '34" Longitude: 91 ° 100 '06 "			
Mailing Address: 1844 Jacqueline dr.	Method of Lat/Long (circle one): Conventional Survey,			
,	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code Telephone No. (662) 822 - 1885	NW SW 28 Distance Direction Nearest Town Miles East of Greenuile			
	Dafa			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 5-13-14 Date well drilling completed: 5-13-2011				
If flowing, 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) steel tape electric tape air line other:				
Hole depth: 113 Well depth: 10 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 70 feet Casing diameter: 14 inches Type of casing: 4				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PV				
Screen slot size: 650 inches Setting depth: From 70 feet to 110 feet				
Type of completion (circle all applicable): Gravel packets 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 NEWCOME 0:773	John Neure			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

If well telescopes please sketch below and show depths.

Description of Formations Encountered	From	To
Sop Soil	0	(0)
Mix CIAY Five Sand	10	28
fivesand	28	70
CoAise Sand	70	10
Grey CIAY	110	ίįζ
	ı	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) indicate direction.

SEE MAP

Landowner Name:

Signature of Water Well Contractor

GW44535

County: Washington
Permit #: 6W-43766

Driller: J. Newcome 0.773

Date completed: 5.13.2011

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 #:	247	
was service. A.		

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 Well Location OK Owner Name: Mailing Address: 1844 Jacqueline Dr. Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS ✓ , Survey-grade GPS Direction Miles Eagt of Greenville Telephone No. (Pump Type Power Type Circle one Circle one Diesel Engine Gasoline Engine Air Lift Jet Submersible Natural Gas Turbine Bucket Piston Electric Motor Hand Tractor PTO Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: 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 For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well vielded GPM with a drawdown of feet after hours of pumping Duration of Pump Test (minimum 4 hours): _____hours This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)