HUD PLESTON

	State W	ell Report		
County: WASHINGTON	Part 1 – Driller's Log		For Office Use Only:	
Permit #: 6W-46029	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer: <u>E 211</u>	
Driller: J. NEWWME 0.773		Box 2309	Well #:	
		ı, MS 39225 961- 5210	L. S. Elevation:	
Date drilling completed: 10-25, 12		I- 5228 (fax)	E-log #:	
State Law requires that this repor Department at the above address			the work and filed with the	
Information on Well C			orehole Location	
(Landowner if borehole is not fo				
Owner Name (usued Acres	LLC		" Longitude: 90 53 , 32 "	
Mailing Address: 113 Stoval 1	Mailing Address: 113 Stovall Road		ne): Conventional Survey,	
		USGS quad Hand-held	GPS, Survey-grade GPS	
Telan me	<u> </u>	SW 1/4 SE 1/4 Sec 26.	/ Twn 18N Rng 07W	
City State	MS 34756 State Zip Code Distance Direction Miles S		Nearest Town	
Telephone No. ()	99.3 - printer grant and a	IVINES	01	
	Well / Bore	hole Data		
Date drilling started: 10-25-12 Date dri	illing completed: (0.25.	n Hole depth: 122	Hole diameter: 24"	
Location of the source of any surface water Method of dosing and volume of Chloring	er used for drilling: CRE	EK.		
Logs run (circle all applicable). No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Ground	l Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related	to water well construction	n, skip the remainder of this bl	ock	
Purpose of Well (check one): Home I	ndustrial Public Supply	Irrigation X Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet ab	oove or below (circle one) l	and surface Date measured:		
· • • • • • • • • • • • • • • • • • • •	teel tape electric tape	air line other:		
Well depth: 120 Well grouted to a de	epth of <u>O</u> feet Type	of grout (circle one): Neat Cen		
Casing length:feet Casin	ng diameter:	inches Type of casing:	<u>Y.V.C.</u>	
Screen length: 40 feet Screen diameter: 16 inches Type of screen: 2.V.C.				
Screen slot size: .050 inches	Setting depth: From _	feet to	<u></u>	
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 telescoped or more than one screen, describe on next page

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

The sketch	below o	only	<u>required</u>	for	water wells

If well telescopes, show depths on sketch.

Ground Level.

80 LF 16"CASING 16"SCRIPPO

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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY ,	10	25
FINE SAMD CLAY STRIPS	25	40
MED. FINE' SAND	40	රව
MED COADSE SHOW	60	771
COARSO SAND	171	80
CONSE PESSUES	80	110
COARSEI-SAND	110	120
BOTTON	120	122

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

Sketch the property layout and aid in locating the 4) a north arrow.	include the following: 1) the well location; 2) any permanent structures on the property that may e well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
	SEE MAN
indowner 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 0:773

10.25.2012

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

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

For C	Office Use Only:
Aquifer:	
Well #:	EQII
Elevation: _	

Date completed: 10 00 001 2	(601)354-6		Elevation:	
This report should be prepared by the pure installation of pump.	ıp installer in detail aı	nd filed with the Depart	ment within 30 days	of the
Weil Owner Information			Well Location	
Owner Name: Curved Acres L	LC r	Latitude: 33-22-31 Longitude: 90-53-32		
Mailing Address: 113 Stovall	Rd 1	Method of Lat/Long (circle one): Conventional Survey,		
1 1 1	2070		land-held GPS, Surv	1
Leland MS City State	58/36 2 Zip Code	W 145E 14 Sec		1/2 Rng 67 W
	Ĺ	Direction Direction		\wedge
Telephone No. ()		5 Miles 5	of Lelan	2
Pump Type Circle one			Power Type Circle one	
Air Lift Jet Sub	mersible	Diesel Engine Ga	soline Engine	Natural Gas
Bucket Piston Tur	bine	Electric Motor Ha	and	Tractor PTO
Centrifugal Rotary Flo	1		her (specify):	
Other (specify):	F	Horse Power Rating of M	otor:	,0hp
Date Pump Installed: 10-26-12		Setting Depth:		_feet
Rated Pump Capacity: <u>3400</u> Galle	1	Number of Stages:		_
Pump Test Data		Method of	Measuring Water	Level
Date Well Tested:		1	Circle one	
Static Water Level (A):Feet Belo	w Land Surface	σ	Measuring Line	Steel Tape
Unixping Water Level (B):Feet Below	v Land Surface	fund (specify):	de	
Drawdown [(B) (A): 75 Feet Belo	w Land Surface	For flowing well, measur	d ship in head:	feet
Test Pumping Rate:Gall	ons Per Minute	Well yielded	GPM with a	lrawdown of
Duration of Pump Test (minimum 4 hours):	hours	feet af	ter h	ours of pumping
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Hubbard Stephens 7410				
Print Name of Pump Installer and License No. (i	f applicable)	Signature of Pur	mp Installer	- rn h n