County: WASHINGTON
111 111-600
Permit #: 6W-46917
Driller: J. NEWCOME 0.773
9-11/2
Date drilling completed: 9-11-13

Well Owner Information

(Landowner if borehole is not for a water well)

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 39225-2309
(601)961-5210

(601)360-0535 (fax)

Latitude: 33°23' 32"

For Office Use Only:			
Well #:	F-203		
Aquifer:			
E-Log #:			

Well or Borehole Location

Longitude: <u>090 50</u>

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.

1) Hace Ton	Latitude: 23 27 22 Longitude.			
Owner Name: Patterson Farms	Method of Lat/Long (check one): Conventional Survey			
Mailing Address: 761 Patterson Road	USGS quad, Hand-held GPS, Survey-grade GPS			
Leland MS 38756	NEW Sut W, Sec 20 T 18N R 6W			
Lelgal M5 38756 City State Zip Code	3.6 Miles BAST of LEZAND			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: $3-11-13$ Date drilling completed:	9-11-13 Hole depth: 107 Hole diameter: 24			
Location of the source of any surface water used for drilli	ng: DITCH			
Method of dosing and volume of Chlorine used in drilling a	nd development: CHUZINE TABLETS			
Logs run (circle all applicable) No log run Electric Gami	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well o	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level:feet [above or below (circle one)	v] land surface Date measured:			
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):			
Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 65 feet Casing diameter:inches Type of casing: P.V.C.				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.				
Screen slot size: .057 inches Setting depth: Fromfeet_tofeet_				
Type of completion (circle all applicable): Gravel packed Underreamed 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				
If telescoped or more than	one screen, aescribe on next page			

Form: OLWR-SWR-1A (4/13)

Permit #: _Gw46917	·		Office Use	Only:
	Ĺ	Well #:	203	
The sketch below only required for water wells	Description of formations enco	untered mu	st be provide	d for all w
If well telescopes, show depths on sketch.	unies specifica	<u>Uy exempted</u>	<u>i by regulatio</u>	ons
Ground Level	Description of Formations Encount		om (depth)	To (depth
Α.	TOP SOIL	G	round level	٥١
17	# SANO		10	20
· I	MEDIUM /COARSE GAN		20	50
115	COROSE PEBBLET	0	50	70
le Just lle casaci	Rollon		70 105	105
11 creat			103	107
1004				
				· · · · · · · · · · · · · · · · · · ·
\				
17 4N =				
16'Score				
16 500 200				
<u>+v</u>				
				·····
				· · · · · · · · · · · · · · · · · · ·
If more than one screen, should not				
If more than one screen, show location of each on sketch				
Sketch the property layout and include the following:				
2) any permanent structures on the assessment	• •			
 any roads, power lines, or other items that may aid in least north arrow 	In locating the well Ocating the property and the well			
4) north arrow	" " " " " " " " " " " " " " " " " " "			
		•	•	
C >-				
Set	MAP			
	() (
	•			
-				
ndowner Name:				
EREBY CERTIFY that the well/borehole was delied				
IEREBY CERTIFY that the well/borehole was drilled, con quirements of the Mississippi Department of Environmer applicable, and state laws.	structed, and completed in accordate Ouglity and the Missississis	dance with	all applicabl	e
applicable, and state laws.	warrey and the Mississippi De	partment of	Health regu	ulations,
10HM NEWCOME 0.793 9-	(1) 12			
nt Name of Responsible Licensee and License No.	11-12 - Jan W	euc		
and License No.	Date Signa	ature of Lic	ensee	
	•	Form	: OLWR-SWR	R-1A (4/13)

County: Luashungton

STATE WELL REPORT

Part 2

County: Washington Permit #: 6W-96917 Driller: J. Newcome 0.773 Date completed: 9-11-13

Copy information from block on Part 1

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well #: _	F203		
Aquifer:			

This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part I epartment at the above address within 30 days of well completion.			
of the report must be attached and both parts filed with all	Well Location			
Well Owner Information	Latitude: 33'23' 32" Longitude: 90'50'18			
Owner Name: Patterson Farms	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 761 Patterson Road	USGS quad, Hand-held GPS, Survey-grade GPS			
	NEW SW 14, Sec 20 T 18N R 6W			
Leland MS 38756 City State Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	3.6 Miles East of Leland (Direction) (Nearest Town)			
Telephone No. ()				
Pump Ty	rpe (circle one)			
Submersible (urbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 1/13/13	Rated Pump Capacity: 2500 Gallons Per Minute			
to This Dump (circle one): New Repaired Replacement	ent			
FUWEI I	ype (character)			
Electric (Diesel Gasoline Natural Gas Tractor PTO Wi	indmill Other (describe):			
Horse Power Rating of Motor: 60 Setting De	pth:feet Number of Stages:			
- Non-Flowing Well				
Date Well Tested: 10 Tested Duration of Pump Test (minimum 4 hours): hours				
Date Well Tested: Date Well Tested: Duration of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Callogs Per Minute				
1	Callege Dor Minute			
Drawdown [(B) - (A)]:Feet Below Land Si				
Method of measurement (circle one): Steel tape Electric	Tape Air line Other (descrise):			
Pump Test Data for Flowing Well				
Measured shut in head:feet	feet afterhours of pumping			
Well yieldedGPM with a drawdown of				
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Mater Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001,	gal x 1000, etc):			
Installation Date: Meter installed b	ру:			
Is This Meter (circle one): New Repaired Replace				
	that this motor was installed to manufacturer standards.			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true t	a the best of my knowledge.			
I HEKEBY CERTIFF that the above statements are use of	the best of the knowledge.			

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

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)