County: WASHINGTON For Office	
Country VASHINGTON Part 1 For Office	
	-
Mississippi Department of Environmental Quality Aquifer.	344
Permit #: GW 440 W Office of Land and Water Resources	
Driller J. HEWLOME 0-773 P.U. BOX 10631	
Date drilling complete Jackson, MS 39289-0631 L. S. Elevation:   (601)961-5210 L. S. Elevation:	
(601)354-6938 (fax) E-log #:	
	tithin
State Law requires that this report be prepared by the driller in detail and filed with the Departn 30 days of completion of drilling of the well.	lient within
Well Owner Information Well Location	
Owner Name Mays Whotesale Dry Good Satitude: 33.18.14 " Longitude: 09	1.06.31.
Mailing Address: 618 Washmaton Ave Method of Lat/Long (circle one): Conventional	
USGS quad, Hand-held GP9, Survey-gra	v
Greenville MS 38701 14 4 SW 4 Sec 24 Jun 17A.	Rng TW
City State Zip Code IK Distance Direction Nearest Tow	٧D
Telephone No. () of WA ? (	
Well Data	······
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:	
Date well drilling started:	1212011
	•
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: 103 Well depth: 100 Well grouted to a depth of 10	_feet
Type of grout (circle one): Cement Bentonite Mix	
	•
Casing lengurleet Casing diameter: incles Type of casing	· · · · · · · · · · · · · · · · · · ·
Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>R.J.C</u>	•
Screen slot size:	zet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural	
Type of completion (circle all applicable). Oravel packed Onderreamed Telescoped Open note Training	Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on	ı back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s):	
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of	f the Mississippi
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
JOHN NEWCOME 0.773 Johnsene	
	ntractor
JOHN NEWCOME O:773 Johnsuze   Print Name of Water Well Contractor and License No. Signature of Water Well Contractor	
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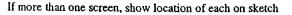
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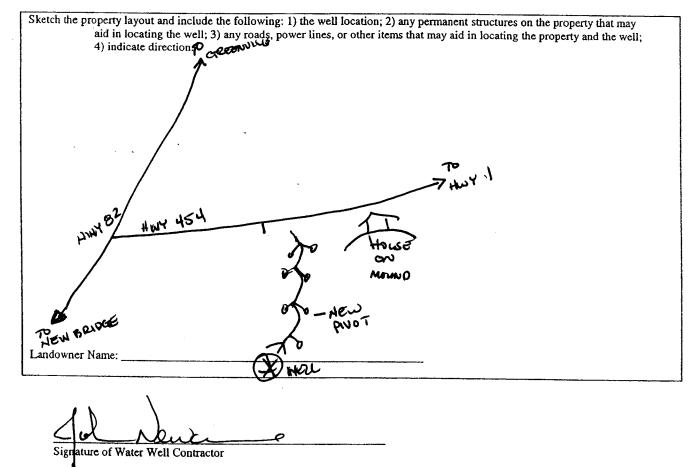
If well telescopes please sketch below and show depths.

## Ground Level

	Description of Formations Encountered	From	To
	TOP SOIL	0	10
	CLAY	10	30
70 لك مى المان	MIX CLAY / FINE SAND	30	50
- معدم <sup>م</sup> ادم	FAIR FINE SAND	50	70
	GOOD SAND / GRAVEL	01	100
	Botton	60	107
30 cF			
,050 Schee			<u> </u>
			<u> </u>
			<u> </u>
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STATE W	ELL REPORT	
County: WASHINGTON Permit #: <u>Gw-44690</u> Driller: <u>J. NEWCOME</u> Date completed: <u>12.22-10</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information Owner Name: <u>BACCET</u> <u>FARM</u> Mailing Address: <u>P.O.</u> <u>BOX</u> <u>4460</u>	Part 2 's Completion Report ent of Environmental Quality i and Water Resources . Box 2309 on, MS 39225 1)961-5210 961-5228 (fax) <i>a the above address within 30 d</i> Well Latitude: 330 / 5 / 14 Method of Lat/Long (check or USGS quad, Hand-held	ays of well completion. I Location Longitude: <u>9/0 06, 3/4</u> ne): Conventional Survey, GPS, Survey-grade GPS
City State Zip Code Telephone No. <u>662</u> 907 - 1187	$\frac{NN}{5.7} \frac{\sqrt{5}}{100} \frac{\sqrt{5}}{5.7} \frac{\sqrt{5}}{100} \sqrt{5$	Nearest Town
Pump Type Circle one     Air Lift   Jet   Submersible     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	Ci Diesel Engine Gasolin Electric Motor Hand	2feet
Pump Test Data     Date Well Tested:	Cir Air Line Electric Meas Other (specify): For flowing well, measured shu Well yielded feet after	It in head:feet
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Inst	Form: OLWR-SWR-1B (04/08)

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