TOMMY PITT MAN # & 1

County: WASKIH GTON
Permit #: 6W - 46506
Driller: J. NEWCOME 0.773
Date drilling completed: 4.17.13
State Law requires that this repo Department at the above addres
Information on Well

State Well Report

Part 1 – **Driller's Log** ippi Department of Environmental Qua

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#: <u>G354</u>		
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 dadress within 30 days of comp	tetion of urtiling of the well or vorenote.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	23 17 27 01 M EX			
0111	Latitude: 33 . 17 . 27 " Longitude: 91 . 62 . 56 "			
Owner Name <u>Vittman</u> tarms				
Mailing Address: 2292 VFW Road	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	-01-6			
1 110 110 30721	IR 1/2 TR 1/4 Sec 03 Twn 17N Rng 08W			
Greenville MS 38701				
City State Zip Code	Distance Direction Nearest Town Miles 5 of Control Ville			
m t t Nr (1 Miles 5 of Coldenium			
Telephone No. ()_	•			
737 II / 70				
Well / Borel	hole Data			
Date drilling started: 4.17.13 Date drilling completed: 4.17.13 Hole depth: 102 Hole diameter: 24"				
Location of the source of any surface water used for drilling:	eth			
Method of dosing and volume of Chlorine used in drilling and develo	opment: CHLORING TABLETS			
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well X Geotechnical/Geological Action (Check one)	ogical Investigation Ground Source Heat Pump			
Grinnin Grand Other (decorate)				
Seismic Survey Other (describe) If drilling is not related to water well construction				
If ariting is not retated to water well construction	n, skip the remainaer of this block			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Or	ther (describe)			
Static Water Level:feet above or below (circle one) la	and surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: 100 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.V.C.				
Casing length: reet				
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PN.C.			
- N5D	CO . BIN			
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: feet. If tel.	annual or more than one causes describe on next next			
Top of tap pipe of reduction in casing:	escoped of more than one screen, describe on next page			
A.W. W.	Form: OLWR-SWR-1A (04/08)			

APR 3 0 2013

BY: OLWR

laws.

JOHN NEWCOME

Print Name of Responsible Licensee and License No.

The sketch below only required for water wells	Description of formations encountered wells and boreholes, unless specifically		
f well telescopes, show depths on sketch. Ground Level————	Description of Formations Encountered	From (depth)	To (depth)
	TOP SOLL	Ground Level	10
1	CLAY	10	30
	SAND	30	50
	MEDIUM, FINE	<u>50</u>	(60)
11/10/10	MEDIUM WARSE STRIPS	60	197
1 UU LF	Bottom	97	102
16" CASING			

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

16° CARING

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) a north arrow.
SEE MAD
Landowner Name:
Form: OLWR-SWR-1A (04/08)

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

STATE WELL REPORT

Part 2

Mississippi Department of Environmental Quality Office of Land and Water Resources Date completed: 4.17.13 P.O. Box 10631 Jackson, MS 39289-0631 (601)361-5210

For Office Use Oal)
Aquifer:
Well#: <u>6354</u>
Elevation:

	CIEVAGON:
This report should be prepared by the pump installer in detainstallation of pump.	all and filed with the Department within 30 days of the
Well Owner information	Well Location
Owner Name: Pittman Farms	Latitude: 335 17.27 Longitude: 91.02.52
Mailing Address: 2290 UFW Road	Method of Late Conscious
	Method of Lat/Long (circle one): Conventional Survey.
Greenville MS 38701	USGS quad Hand-held GPR. Survey-grade 6
City State Zip ode	IR 14 IR 14 Sec 03 Two 17N Rog 08 W
Telephone No.	Distance Direction Nearest Town
	Miles 5 of Greenville
Pump Type	
Circle one	Power Type
Air Lift Jet	Circle one
D	Diesel Engine Gasoline Engine Natural
Contributed Turbine	Electric Motor Hand Tractor
Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 50 P
Date Pump Installed:	common 7
Rated Pump Capacity: 2000 Gallons Per Minute	Number of Stages:
Pump Test Data	
Date Well Tested:	Method of Measuring Water Level Circle one
State Water Level (A): Feet Below Land Surface	Air Lue Electric Measuring Line Steel Tap
Pumping Water Level (B) Feet Below Land Surface	Other (specify):
praydow row estre	Mil Torlas
Feet Below Land Surface	For flowing well measured chine in hand
Test Pumping Rate:Gallons Per Minute	Wall-state t
Duration of Purm Tar (Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterbours of pum
7	3
I HEREBY CERTIFY that the above statements are true to the best of	Finy knowledge
HADDARY STUDLENC THIN	M(M, M) = M(M, M)
Print Name of Pump Installer and License No. (if applicable)	ALL DE RECEIVED
(in approache)	Signature of Pump Installer

APR 3 0 2013