DAVIS DAVIS				
State Well Report				
County: WASHINGTON	Part 1		For Office Use Only:	
		of Environmental Quality	Aquifer: K/47	
Permit #: 6(043)93		nd Water Resources	Well #:	
Driller: J. NEWCOME 0.773		ox 10631	· · · · · · · · · · · · · · · · · · ·	
Date drilling completed: 6-4-10		S 39289-0631 961-5210	L. S. Elevation:	
Date diming composed.		1-6938 (fax)	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.				
Well Owner Informa	ation	Wel	l Location	
Owner Name Davis, Davis, 4	_	Latitude: 33. 13 08	" Longitud 091 • 02 · 34 "	
Mailing Address: P.O. Box 64		Method of Lat/Long (circle or	ne): Conventional Survey,	
		USGS quad, Hand-held	GPS Survey-grade GPS	
Avon MS 38723 SE 4 SE 4 Sec 5 Twn 16 H Rng 84			Twn 16 H Rng 8W	
City St	ate Zip Code	Distance Direction	Nearest Town	
Telephone No. ()		.5 Miles SE	of <u>NOVA</u>	
	Well	Dota		
SAN RECOURT				
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 6-4-	Date Date	well drilling completed:	o-4-10	
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 length: 60 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC				
Screen slot size: 6050 inches Setting depth: From 60 feet to 100 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				

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.

feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

Top of lap pipe or reduction in casing:

Name of organization running log(s):

JOHN NEWCOME

Print Name of Water Well Contractor and License No.

Logs run (circle ali applicable) No log run Electric Gamma Ray Density Sonic Neutron

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Ground Level	
	casin6
Screen	_100

Description of Formations Encountered	From	οT 6\
MIX CLAT	10	40
Coarse Sand - gravel	40	103

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

W

				••		
Sketch the property layer	out and include the follow	ing: 1) the well	location; 2) a	iny permanent structur	es on the property	that may
aid in loc	ating the well; 3) any road	ls, power lines.	or other items	that may aid in location	ng the property an	d the well-
4) indicat	e direction.	10			as the property un	OT ,
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Landowner Name:	•			\ /		
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Signature of Water Well Contractor

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## STATE WELL REPORT Part 2

## Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

Fa- 065 11 0.1				
For Office Use Only:				
Aquifer:				
Well #:				
Flores				
Elevation:				

Driller: J. Newcome 0.773		ox 10631	
	Jackson, MS 39289-0631 (601)961-5210		Well #:
Date completed: (0-4-10		1-6938 (fax)	Elevation:
	(001)334	-0936 (IAX)	
This report should be prepared by th installation of pump.	e pump installer in detail	and filed with the Departmen	nt within 30 days of the
Well Owner Informat	ion	Wel	Location
Owner Name Davis, Davis, 4 [	Davis Farm		Longitude: 091° 02.34"
	4	, ( <sub>1</sub>	l
Mailing Address: P.O. Box 64		Method of Lat/Long (circle on	ne): Conventional Survey,
^		USGS quad Hand	I-held GPS Survey-grade GPS
Avon MS		SE 1/2 SE 1/4 Sec_	Twn GN Rng SW
City State	Zip Code	Distance Direction	Nearest Town
·			
Telephone No. ()		.5 Miles SE o	of HUON
		· · · · · · · · · · · · · · · · · · ·	
Pump Type		D	T.
Circle one			wer Type ircle one
A. Y. 6			<b></b>
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):		Horse Power Rating of Motor	:_(00
Date Pump Installed:		Setting Depth: 70	
O/IAA:			
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	
Pump Test Data			easuring Water Level Ercle one
Date Well Tested:			·
Static Water Level (A):Feet	Below Land Surface		asuring Line Steel Tape
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]:	Below Land Surface	For flowing well, measured sl	nut in head:feet
Test Pumping Rate:	_Gallons Per Minute ~	Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours)	:hours	feet after _	hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Print Name of Pamp Installer and License No. (if applicable) Signature of Pump Installer

NOV 0 8 2010