	State W	ell Report			
County: WASHINGTON	Part 1 – Driller's Log		For Office Use Only:		
Permit #: 6W-45975 /	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: J. NEWWME 0.773	P.O. Box 2309		Well #:		
		n, MS 39225 961- 5210	L. S. Elevation:		
Date drilling completed: 5-31-2012	(601)961- 5210 (601)961- 5228 (fax)		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.					
Information on Well C			rehole Location		
(Landowner if borehole is not fo	, , , , , , , , , , , , , , , , , , , ,		" Longitude: 1 °01 '01 "		
Owner Name Clayton Land Con	ner Name Clayton Land Company htc		`		
Mailing Address: 212 Key Road					
ľ	USGS quad Hand-held				
City State Zip Code Distance Direction		/Twn_1610 Rng 08W			
City State Zip Code Distance Direction 3.5 Miles N.		Nearest Town			
Telephone No. ()		01 _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	Well / Bore	hole Data			
Date drilling started: 5.31.12 Date drilling completed: 5.31.12 Hole depth: 92 Hole diameter: 24"					
Location of the source of any surface water used for drilling: DITUL  Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETT					
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip the remainder 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 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:					
Well depth: Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length:					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.					
Screen slot size: .050 inches Setting depth: From 50 feet to 90 feet					

Type of completion (circle all applicable): Fravel packet Underreamed Telescoped Open hole

Other (describe):

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

Top of lap pipe or reduction in casing: \_

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

Natural Development

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JUN 1 8 2012

BY: OLWR

If well telescopes, show depths on sketch.	wens and borenotes, unless specifically	exemplea by regu	itations
Ground Level	Description of Formations Encountered	From (depth)	Γο (depth
Λ	TOP SOIL	Ground Level	10
]	Mix	10	75
	MED. SAND	+ 25	57)
1150)=	MEDICONESE GAND	50	50 57 97 92
	CONDE I AND PETROLI	65	81
16"casma	BOTTOM	විට	92
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<u> </u>			
T 110 -			
16"50=2V			
110 (0.20)	***		
10 3000			
		-	
		<u></u>	
If more than one screen, show location of each on sketc			
Sketch the property layout and include the following: 1) the			
aid in locating the well; 3) any roads, power lir 4) a north arrow.	nes, or other items that may aid in locating the pro	perty and the well;	.
4) a north arrow.			
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andowner Name:			
	Form	: OLWR-SWR-1A	(04/08)
ertify that the well/borehole was drilled, constructed, an	nd completed in accordance with all applicable	requirements of t	he
ississippi Department of Environmental Quality and the			
••	i i	· ·· abbreaute, and	
vs.	21 202 1		
THE NEWCOME 0.773 5.	31.2012 40 New		
int Name of Responsible Licensee and License No.	Date Signature of Licens	iee	

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

The sketch below only required for water wells

For Office Use Only:

County: Washington Part 2 Aquifer: **Pump Installer's Completion Report** Permit #: GW-45975 Mississippi Department of Environmental Quality Office of Land and Water Resources Driller: J. NewCome 0-773 Well #: \_\_\_\_\_ P.O. Box 2309 Jackson, MS 39225 Date completed: 5-31-2012 Elevation: (601)961-5210 (601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Clayton Land Company LLC Latitude: 33°15, 27" Longitude: 91001, 01" Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS , Survey-grade GPS SW 1/2 SW 1/2 Sec 09 T 16N R 08W Distance Direction Nearest Tow of Miles No of Nearest Tow Nearest Town Telephone No. ( ) Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Gasoline Engine Diesel Engine Natural Gas Electric Motor Bucket Piston Turbine Hand Tractor PTO Centrifugal Flowing Well Windmill Rotary Other (specify): Horse Power Rating of Motor: Other (specify): \_ Date Pump Installed: Setting Depth: feet Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: Circle one Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Well yielded \_\_\_\_\_GPM with a drawdown of feet after \_\_\_\_\_hours of pumping Duration of Pump Test (minimum 4 hours): hours This is for (circle one): New Well / Replacement of Existing Pump Repair of Existing Pump JUN 18 2012

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

STATE WELL REPORT