×	State We	ell Report	For Office Use Only:	
County: WASHINGTON	Pa	art 1		
, N	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 10631		****	
Driller. J. NEWWIE 0.773	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 4-11-09		061-5210 1-6938 (fax)	E-log #:	
	•		ish the Department within	
State Law requires that this repor	t be prepared by the	driller in detail and med v	with the Department within	
30 days of completion of drilling of the well.  Well Owner Information		We	Il Location	
Owner Name CC4B Forms		Latitude: 33. 12. 10	" Longitude: 98 · 53, 10"	
Mailing Address: 6 Ferris B	uhberger	Method of Lat/Long (circle of	1	
70 Box 26	70 Box 26		USGS quad, Hand-held GPS Survey-grade GPS	
Hollandele, MS 38748			Twn lon Rng W	
	-	Distance Direction 2.5 Miles N.W.	Nearest Town	
Telephone No. 600 800 - 7993		Z.5 Miles	OI	
	Well	Data		
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started: 4-11-09  Date well drilling completed: 4-11-09				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet al	oove or below (circle one)	land surface Date measure	d:	
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				
Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: 0 v C				
Screen slot size: 650 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):				
Top of lap pipe or reduction in casing:	feet. If	f telescoped or more than one	screen, describe on back of page	
Logs run (circle all applicable): (No log r	un Electric Gamma R	ay Density Sonic Neutro	n Other:	
Name of organization running log(s):  I certify that the well was drilled, cons	tructed, and completed	n accordance with all applica	able requirements of the Mississippi	
Department of Environmental Quality	and/or the Mississippi l	Department of Health regulat	ions and state laws.	
		A Q .		
JOHN NEWCOME C	0.115	- dory	Jewa	
Print Name of Water Well Contractor ar	d License No.	\ Signatu	re of Water Well Contractor	

Print Name of Water Well Contractor and License No.

**RECEIVED** APR 2 3 2009

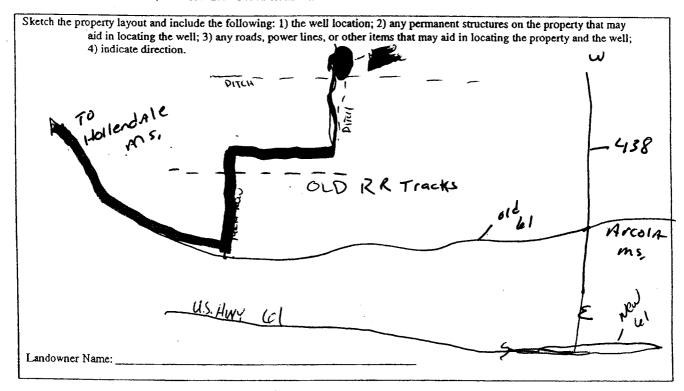
BY: OLWR

If well telescopes please sketch below and show depths.

ASENC 60

Description of Formations Encountered	From	To
TOP 50:1	0	10
MIXCIAY	10	3.8
Finesand	38	40
COATSE SANZ	60	100
grace	100	10
		<u> </u>
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L		L

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



Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

County: Washington

Permit #:

Driller: J. Newcome

Date completed: 4/11/09

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

(601)354-6938 (fax)

For Office Use Only:		
Aquifer.		
Well #: L - 185		
Elevation:		

This report should be prepared by the pump installer in detail installation of pump.	l and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: CC+B Farms	Latitude: 33° 12' 10" Longitude: 90° 50' 10"			
Mailing Address: 6 Ferris Buchberger	Method of Lat/Long (circle one): Conventional Survey,			
POBOX 26	USGS quad Hand-held GPS Survey-grade GPS			
Hollandelems 38748 City State Zip Code	SE 1/4 NE 1/4 Sec 27 Twn GN Rng 7W			
	Distance Direction Nearest Town			
Telephone No. (663) 830 - 7993	2.5 Miles NW of Hollandate			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline 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:			
Date Pump Installed: 415/09	Setting Depth:			
Rated Pump Capacity: 2800 Gallons Per Minute	Number of Stages:			
Pump Test Data  Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Hevel (AST Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Lever (B)!Feet Below Land Surface	Other (specify):			
Drawdown [(B) - A) C Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.			
Print Name of Hump Installer and License No. (if applicable)  Signature of Pump Installer  RECEIVE				

APR 2 3 2009

**BY: OLWR**