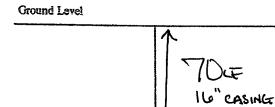
BRUTTON. DOOR CROOK

State We	ell Report	For Office Use Only:		
Pa				
	of Environmental Quality	Aquifer: 190		
Permit #: $(2N-4)065V$ Office of Land and	d Water Resources	Well #:		
Driller: J. NEWCOME 0.773 P.O. B. Jackson M.	ox 10631 S 39289-0631	L. S. Elevation:		
	61-5210			
	-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the driller in detail and filed with the Department within				
Well Owner Information		I Location		
Owner Name Bruton Farm Partnership		_" Longitude: 90 .52.05."		
Mailing Address: P.O., Box 522	Method of Lat/Long (circle o			
· · · · · · · · · · · · · · · · · · ·	USGS quast, Hand-hel	d GPS) Survey-grade GPS		
Hollandale MS 38748	Hollandalp MS 38748 Nor 4 WE4 Sec 13			
City State Lip Code	Distance Direction	Nearest Town		
Telephone No. (662) 378-6148	$\underline{-2}$ Miles $\underline{-3}$	of ARCOLA		
Well	Data			
Purpose of Weil (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 5-17-2011 Date				
If flowing, method of flow regulation: Valve Other				
Static Water Level:feet above or below (circle one				
Hole depth: <u>112</u> Well depth: <u>110</u>	Well grouted to a depth of	f 10 feet		
Type of grout (circle one): Cement Bentonite Mi	x	AV C		
Casing length: feet Casing diameter:	inches Type of casing	P.V.C.		
	m	P.V.C.		
Screen length:feet Screen diameter:6	inches Type of screen			
Screen slot size: .050 inches Setting depth: From feet to				
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped O	pen hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one	screen, describe on back of page		
Logs run (circle all applicable): No log run Electric Gamma I	Ray Density Sonic Neutro	n Other:		
Name of organization running log(s):		A 64 34 4 4		
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.				
JOHN NEWCOME 0.773	dd r	kur e		
Print Name of Water Well Contractor and License No.	Signati	ure of Water Well Contractor		

. .

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY FINE SAND STRIPS	10	30
FINE FAIR SAND	30	50
MED. SAND,	150	70
MED. SAND COARSE SAND PEA WAVEL	170	110
	110	112
· · ·	1	
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······································	1	

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

400F 16" scepent

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) indicate direction.

mature of Water Well Contractor

	ELL REPORT For Office Use Oniv:
obundy:	Part 2
CUL UCXCE Pump Installer	's Completion Report Aquifer: ent of Environmental Quality
Diller T New Come 0.173 Office of Land	and Water Resources Well #: L190
1.0	. Box 2309 m, MS 39225 Elevation:
(00)	1)961-5210 61-5228 (fax)
This part of the report must be completed by a licensed water well 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: Bruton Farm Partnerghip	Latitude: 33. 14. 24. Longitude: 90. 52. 05.
Mailing Address: P.O. Box 522	Method of Lat/Long (check one): Conventional Survey
	USGS quad, Hand-held GPS /, Survey-grade GPS
Hollandalo MG 39749	Not 1/4 NE 1/4 Sec 13 T 16N R 7W
Hollandale MG 39748 City State Zip Code	NF.
Telephone No. ()	Distance Direction Nearest Town <u>2</u> Miles <u>5</u> of <u>Arcola</u>
• • • • • • • • • • • • • • • • • • • •	
Pump Type	Power Type
Air Lift Jet Submersible	Circle one Diesel Engine Gasoline Engine Natural Gas
Bucket Piston	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 50
Date Pump Installed: 5/18/11	Setting Depth:
	Number of Stages:
Rated Pump Capacity:Gallons Per Minute	
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)]:Peet Below Land Surface	For flowing well, measured shut in head:
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
	· · · · · · · · · · · · · · · · · · ·
This is for (circle one): New Well Replacement of E	xisting Pump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.
Com- Rowe 0-711P	$\int 201 $
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form:	OLWR-SWR-1C	(07-09	3)