ARCOLA PLANTATION

State W	'ell Report
	Oriller's Log For Office Use Only:
Mississippi Departmer	at of Environmental Quality Aquifer: 195
	Box 2309 Well #:
(004)	n, MS 39225 961- 5210 L. S. Elevation:
	1- 5228 (fax)
State Law requires that this report be prepared by the lice	E-log #:
Department at the above address within 30 days of comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name DBA Arcola Plantation	Latitude: 33 • 15 • 36" Longitude: 90 • 52 • 49"
Mailing Address: P.O.Box 310	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad Hand-held GPS, Survey-grade GPS
Arcola MS 38722 City State Zip Code	54 1/2 5W 1/2 Sec 0 1 / Twn / 6N Rng 0 7W
	Distance Direction Nearest Town -75 Miles S. of ARCOLA
Telephone No. ()	
Well / Bore	, , , , , , , , , , , , , , , , , , ,
Date drilling started: 4.30.12 Date drilling completed: 430.	12 Hole depth: 122 Hole diameter: 24"
Location of the source of any surface water used for drilling: Determined Method of dosing and volume of Chlorine used in drilling and devel	2 CREEK opment: CHLORINE TAISLET
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 Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction	
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Other:
If a flowing well, method of flow regulation: Valve O	her (describe)
Static Water Level:feet above or below (circle one) le	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: Y2O Well grouted to a depth of 10 feet Type	
Casing length: 6 feet Casing diameter: 6	inches Type of casing: P.V.C.
Screen length: 40 feet Screen diameter: 6	inches Type of screen: P.V.C.
Screen slot size: <u>. 050</u> inches Setting depth: From _	feet to 120 feet
Type of completion (circle all applicable). Gravel packed Under	eamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tel.	escoped or more than one screen, describe on next page
	Form: OLWF

JUN 18 2012

BY: OLWR

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If well telescopes, show depths on sketch. Ground Level_

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	80LF 16"CASING
	140 LF 16"scroon

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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	30
FINE	30	45
MEDIUM SAND	45	(&)
COAISE SAND	90	75
COARSE PEBBLE STRIPS	75	120
BOTTOM	120	122
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If more than one screen, show location of each on sketch

	clude the following: 1) the well loca ell; 3) any roads, power lines, or oth		
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		V1 0	
	SEE 1		
lowner Name:	•		

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 laws.

JOHN NEWCOME

Signature of Licensee

Print Name of Responsible Licensee and License No.

For Office Use Only:

County: WCIShington Permit # W - 4236 Driller: J. Newcowe D-773 Date completed: 4-30-2012 Conv Information from black 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 Owner Name: DBA Arcola Plantation Owner Name: DBA Arcola Plantation Owner Name: DBA Arcola Plantation Mailing Address: P.O. Box 310 Method of LavLong (check one): Conventional Survey USGS quad Hand-held GPS V Survey-grade GPS State Telephone No. Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Setting Depth: Date Pump Installed: S S S S S Number of Stages: Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Other (specify): Other (specify): Feet Below Land Surface Other (specify): Feet Below Land Surface Other (specify): Other (specify): Feet Below Land Surface Other (specify): Feet Below Land Surface
Permit #: GW - 46 2 3 6 Driller: J. NewCome 0-773 Date completed: 4-30-7012 Copy information from block on Part I 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 Owner Name: DBA Arrola Plantation Owner Name: DBA Arrola Plantation Mailing Address: P.O. Box 310 Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS V, Survey-grade GPS Arrola MS 38722 City State Zip Code Telephone No. Distance Direction Nearest Town Pump Type 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): Date Pump Installed: S S C Rated Pump Capacity: QCCC Gallons Per Minute Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Other (specify): Control of Electric Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Cother (speci
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Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Rated Pump Capacity: Date Pump Test Data Date Well Tested: Static Water Level (A): Setting Depth: Feet Below Land Surface Power Type Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Setting Depth: Number of Stages: Circle one Natural Gas Flowing Well Windmill Other (specify): Setting Depth: Circle one Air Line Fleet Below Land Surface Other (specify): Other (specify):
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Other (specify): Horse Power Rating of Motor: Setting Depth: feet Rated Pump Capacity: Gallons Per Minute
Date Pump Installed:
Rated Pump Capacity:
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Date Well Tested: Circle one Static Water Level (A): Feet Below Land Surface Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
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Other (specify):
I uniping water bever (b).
Drawdown [(B) – (A)]: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):hoursfeet afterhall for the pump Test (minimum 4 hours):hours
JUN 1 8 201
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump BY: OI W.
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump BY: OLW

STATE WELL REPORT