

C, C, & B

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: WASHINGTON  
 Permit #: 62-46943 ✓  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 2.28.13

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L 204  
 L. S. Elevation: \_\_\_\_\_  
 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 Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>C, C, &amp; B FARMS</u>	Latitude: <u>33° 12' 00"</u> Longitude: <u>90° 52' 01"</u>
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>HOLLANDALE MS 38748</u>	USGS quad: <u>SE 1/4 SE 1/4 Sec 25 Twn 16N Rng 07W</u>
City State Zip Code	Distance <u>1</u> Miles Direction <u>N</u> of Nearest Town <u>HOLLANDALE</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 2.28.13 Date drilling completed: 2.28.13 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: CREEK

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLET

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: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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 telescoped or more than one screen, describe on next page*

Form: OLWR-SWR (04)

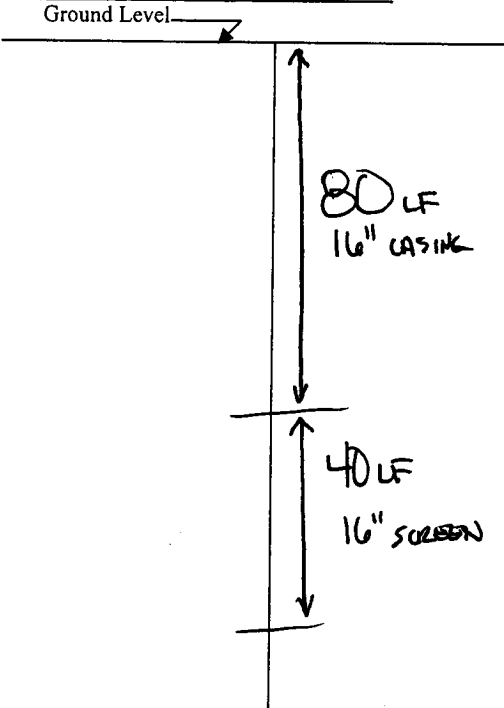
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	35
SAND	35	50
MEDIUM SAND	50	80
COARSE SAND	80	95
COARSE SAND/PETTSLE STRIPS	95	120
BOTTOM	120	122

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

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) a north arrow.

SEE MAP

Landowner Name: \_\_\_\_\_

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

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 0.773 2.28.13

*[Signature]*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# STATE WELL REPORT

## Part 2

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

County: Washington  
Permit #: GW-46943  
Driller: J. Newcome 0-773  
Date completed: 2-28-13

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L204  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>C, C + B Farms</u>	Latitude: <u>33.12.00</u> Longitude: <u>90.52.01</u>
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Hollandale MS 38748</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. ( ) _____	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>25</u> Twn <u>16N</u> Rng <u>07W</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket: Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal: Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50<sup>HP</sup></u>
Date Pump Installed: <u>3-1-13</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	(specify) <u>Not</u> _____
Pumping Water Level (B): <u>Not tested</u> Feet Below _____	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>tested</u> GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Hubbard Stephens 741P [Signature]  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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