Marvin Cochran 4

State Well Report

Part 1

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)

County: WASHINGTON
Permit #:
Driller: J. NEWCOME 0-773
Date drilling completed: 6-9-09

For Office Use Only:
Aquifer:
Well #: M209
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Nunnery Project
Mailing Address: C/O Pine Bluff Natl Bank
P.O. Box 7878
Pine Bluff AR 71601
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 33 · 15 · 55" Longitude: 90 · 40 · 54" 48
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ NE ¼ Sec 4 Twn 16N Rng 6W
Distance 4.0 Miles Direction EAST of Nearest Town ARCOLA

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 6-9-09 Date well drilling completed: 6-9-09
If flowing, 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:
Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 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 telescoped or more than one screen, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

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
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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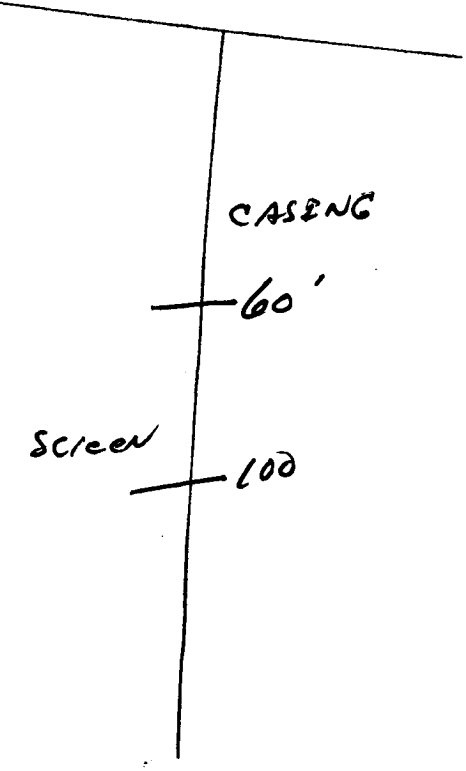
JUL 15 2009
BY: OLWI

M1209

If well telescopes please sketch below and show depths.

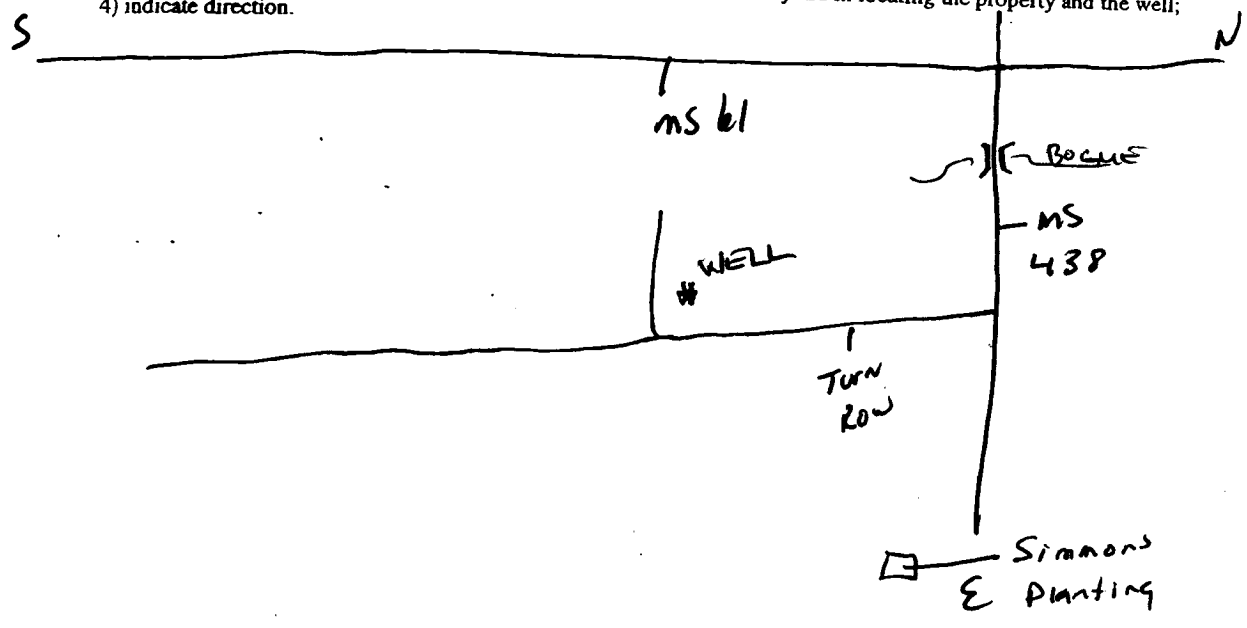
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	40
Med Fine Sand	40	60
Coarse Sand-gravel	60	103

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) indicate direction.



Landowner Name: _____

John Newame

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

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)

County: Washington
Permit #:
Driller: J. Newcome
Date completed: 6/9/09

For Office Use Only:
Aquifer:
Well #: M 209
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

Owner Name: Nunnery Project
Mailing Address: C/O Pine Bluff Ntnl Bank
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 33°15' 55" Longitude: 90° ~~40'~~ 48' 54"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS
SE ¼ NE ¼ Sec 4 Twn 16W Rng 6W
Distance 40 Miles Direction E of Arcola

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, (Turbine)
Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 6/10/09
Rated Pump Capacity: 2800 Gallons Per Minute

Power Type
Circle one

(Diesel Engine), Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown (B) - (A): Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

NOT TESTED

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of
feet after hours of pumping

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

Cory Rowe 0-711P
Print Name of Pump Installer and License No. (if applicable)

C Rowe
Signature of Pump Installer

RECEIVED
JUL 15 2009
BY: OLWR