weathers fully Pit.

State Well Report

Part 1

County: WASHINGTON Mississippi Department of Environmental Quality Permit #: GW - 44568 Office of Land and Water Resources

Driller J. NEWCOME 0-773

Date drilling completed: 12-20-10

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer: M 220
Well #:
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	Well Location
Owner Name Weathers Family Trust	Latitude: 33 . W. 58 " Longitude: 90° 50' 34
Mailing Address: 112 Bayer Rd	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Green VILLE M 38701	NE 14 NW 14 Sec 05 Twn 16N Rng 6W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Distance Direction Nearest Town 2.7 Mile SE of Arco(H ms,
Weli	Data
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: 12-20-10 Date	well drilling completed: 12-20-10
If flowing, method of flow regulation: Valve Other (o	lescribe)
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: 113 Well depth: 110	Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 70 feet Casing diameter: 16	inches Type of casing:
Screen length: 40 feet Screen diameter: 16	inches Type of screen:P v <
Screen slot size:inches Setting depth: From	70 feet to 110 feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If (elescoped or more than one screen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma Ra	y 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 De	partment of Health regulations and state laws.
JOHN NEWCOME 0-773	Shame
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

FEB 2 3 2011

BY: OLWR

Ground Devel	
	CASENG -70'
SCREEN	~110°

Description of Formations Encountered	From	То
10p Soil	0	10
MIXCIAY	10	30
Finesand	30	20
COASSCSANC	70	95
mel Sand	95	100
COATSC Sand	100	110
gravel - Gray city	110	113

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

etch 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.
·	SEE ATTUMENT.

Signature of Water Well Contractor

Landowner Name:

STATE WELL REPORT

Part 2

Date completed:

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 #:	
Elevation:	

City State Zip Code Distance Direction Nearest Town Telephone No. ()	Well Owner Information	Well Location
Mailing Address:	Owner Name: Weathers Family To	A Latitude: 33 15 58 Longitude: 090 50 30
City State Zip Code Distance Direction Nearest Town Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Instabled: Pump Test Data Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Prawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Well yielded GPM with a drawdown of pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of pumping wours of pumping wours of pumping to the pumping of pumping to the pumping of pumping to the pumping with a drawdown of pumping would be pumping to the pumping with a drawdown of pumping would be pumping with a drawdown of pumping with a d		
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Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Date Pump Instailed: Pump Test Data Pump Test Data Pump Test Below Land Surface Pumping Water Level (A): Peet Below Land Surface Prawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Windmill Other (specify): Horse Power Rating of Motor: Other (sages: Number of Stages: Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: feet GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours hours of pumping	Bucket Piston Turbine	Electric Motor Hand Tractor PTO
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	Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
THEREBY CERTIFY that the above statements are true to the best of my knowledge.	Y Y W TO TO THE	
Coma Rouse O-7110		st of my knowledge

Signature of Pump Installer