

STEELE

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)

For Office Use Only:

Aquifer: _____
Well #: N154
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-45143
Driller: J. NEWCOME 0.773
Date drilling completed: 4-24-11

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: <u>Steele Farms</u>		Latitude: <u>33° 08' 43"</u> Longitude: <u>91° 02' 06"</u>	
Mailing Address: <u>40 Riverside Rd</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Hollandale, MS 38748</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City	State	Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. () _____	NE 1/4 <u>NE</u> SE 1/4 Sec <u>17</u> Twn <u>15N</u> Rng <u>8W</u>		Distance Direction Nearest Town
	10.5 Miles <u>SW</u> of <u>HOLLADALE</u>		

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-24-11 Date well drilling completed: 3-24-11

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: 112 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: 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 _____ feet to _____ 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.

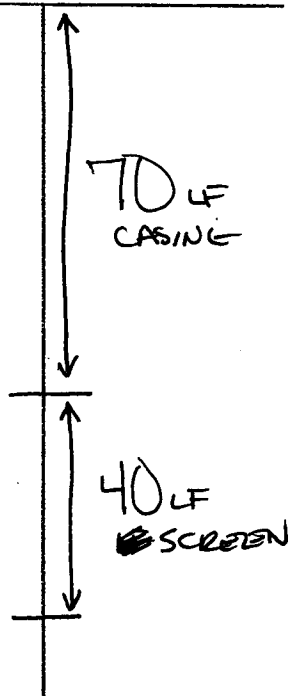
John Newcome
Signature of Water Well Contractor

RECEIVED
JUN 03 2011
BY: OLWR

N 154

If well telescopes please sketch below and show depths.

Ground Level



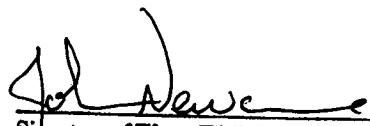
Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY	10	30
CLAY STRIPS / FINE SAND	30	70
COARSE SAND / PEA GRAVEL	70	110

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.

SEE MAP

Landowner Name: _____


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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

County: Washington
Permit #: GW-45143
Driller: J. Newcome
Date completed: 4/24/11

Aquifer:
Well #: N154
Elevation:

Copy information from block 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: Steele Farms, 40 Riverside Rd, Hollandale MS 38748
Well Location: Latitude 33° 08' 41" 43, Longitude 091° 02' 06" 11
Method of Lat/Long: Hand-held GPS
USGS quad: NE 1/4 NESE 1/4 Sec 17 T 15N R 8W

Pump Type: Diesel Engine, Turbine
Power Type: Diesel Engine
Date Pump Installed: 4/25/11
Rated Pump Capacity: 2500 Gallons Per Minute
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data
Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level: Electric Measuring Line

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.
Cory Rowe 0-711P
Signature of Pump Installer