XIN ROBERTSON # 2

•	ind land biz		
	State W	ell Report	
County: WASHINGTON		Oriller's Log	For Office Use Only:
	Mississippi Departmer	nt of Environmental Quality	Aquifer:
Permit #: 6W - 4585 4585		nd Water Resources	Well #: N 158
Driller: I NEWWYE 0.773		Box 2309 1, MS 39225	-
Date drilling completed: 2.7.2013	(601)	961- 5210	L. S. Elevation:
Date drilling completed: (601)961- 5228 (fax)			E-log #:
State Law requires that this repor	t be prepared by the lic	ense holder responsible for t	the work and filed with the
Department at the above address			
Information on Well C (Landowner if borehole is not fo			orehole Location
	•	Latitude: <u>4</u> 9	" Longitude: 91 04, 32 "
Owner Name HOLLY RIDGE PLANTING	S COMPANY	Method of Lat/Long (circle or	nel: Conventional Survey
Mailing Address: 65 Harry Ribe	E FOAD		
		USGS quad. Hand-held	GPS, Survey-grade GPS
		IR 1/4 FR 1/4 Sec 17	
INDIANCLA MS	38751	1 13	
City Stat	e Zip Code	Distance Direction . 5 Miles HE	Nearest Town
Telephone No. ()		· - writes	01
	Well / Bore		_ \ 10
Date drilling started: 2.7.13 Date dri	lling completed: 2.7.1?	Hole depth: 12L	Hole diameter: 24
Location of the source of any surface wate	- 1100 d for drilling 51 0	, <u>ca</u>	
Method of dosing and volume of Chlorine	used in drilling and devel	opment: CHLORINE T	MRLETS
_			
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:			
	\/		
Purpose of borehole (check one): Water We	ell Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump
Seismic S	SurveyOther (describe))	
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
		-	
Static Water Level:feet abo	ove or below (circle one) la	and surface Date measured:_	
Method of Measurement (circle one) ste	eel tape electric tape	air line other:	
Well depth: 20 Well grouted to a dep	oth of <u>10</u> feet Type	of grout (circle one): Neat Cem	ent Bentomite Mix
Casing length: 60 feet Casin	g diameter:	inches Type of casing:	P.V.C.
Screen length: 40 feet Screen diameter: 16 inches Type of screen: 8. J.C.			
Screen slot size:050inches	Setting depth: From	feet to	feet
Type of completion (circle all applicable):	And nacked Hadam	reamed Telesconed Once	hole Natural Davidanment

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-1ART EIVED

MAR 2 5 2013 BY: OLWR

The sketch below only required for water wells	The sketch	below of	nlv reauir	ed for	water wel	le
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If well telescopes, show depths on sketch.

Ground Level_

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	O	40
CLAY FINE SAND MIX	40	50
FINE SAND	50	90
MED FINE	9	65
MED COARSE	65	80
COADSE PERSUS	80	120
BOTTOM	120	122
	1	1 .

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 j	permanent structures on the property that may
aid in locating the well; 3) any roads, power lines, or other items that 4) a north arrow.	t may aid in locating the property and the well;
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	27.13	Sol-Abere
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

P.O. Box 19631

Jackson, MS 39289-0631

(601)961-5210

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

Print Name of Pump Installer and License No. (if applicable)

For	Office Use Only:	
quifer.		
Vell #:	N158	- -

(601)33	4-0938 (Iax)			
This report should be prepared by the pump installer in decainstallation of pump.	and filed with the Department within 30 days of the			
Well Owner Information				
	Well Location			
Owner Name Holly Ridge Planting Company	Latitude: 33 06.44 Longitude: 91.04.32			
Mailing Address: 65 Holly ida Road	·			
Holy rask hoad	Method of Lat/Long (circle one): Conventional Survey.			
	USGS quad, Mand-held GPS. Survey-grade GPS			
Think Mc 20201				
Indianola MS 3875/ City State Zip Code	IR 1/2 IR 1/4 Sec 12 Twn 15N Rng 09 W			
State Zip Code	70.			
Telephone No. (Troubost Town			
Telephone No. ()	.5 Miles NE of Chatham			
Pump Type				
Circle one	Power Type Circle one			
Air Lift Jet Subraemible				
D :	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Tractor FTO			
- The state of the	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor(00 ~ P			
Date Pump Installed: 3-12-2013	7 >			
	Setting Depth: 70 feet			
Rated Pump Capacity: 3000 Gallons Per Minute	Number of Stages:			
Pump Test Data				
	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water I evel (R)	Other (specify):			
Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: PS Peet Below Land Surface	//of/all			
Drawdown [(B) - (A)]: 105 Feet Below Land Surface	110+ tested			
	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):hours				
hours	feet afterhours of pumping			

MAR 2 5 2013

Signature of Pump Installer

BY: OLWR