

Lakeland  
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: 0130  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

Ccnyty: WASHINGTON  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME 0-773  
Date drilling completed: 5-20-10

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>Lakeland Planting Co.</u>	Latitude: <u>33° 06' 56"</u> Longitude: <u>090° 55' 58"</u>
Mailing Address: <u>96 Leo Williams 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	<u>SE 1/4 DKA 1/4 Sec 33 OK Twn 15N Rng 7W</u>
Telephone No. ( ) _____	Distance <u>7.8</u> Miles Direction <u>West</u> of Nearest Town <u>Glen Allen</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 5-20-10 Date well drilling completed: 5-20-10  
 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: 111 Well depth: 110 Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 72 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 38 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: 0.50 inches Setting depth: From 65-85 feet to 92-110 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.

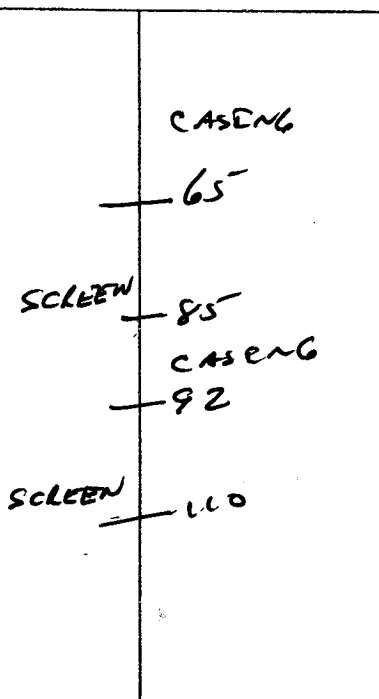
[Signature]  
Signature of Water Well Contractor

Old Redrill / well sampled in

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If well telescopes please sketch below and show depths.

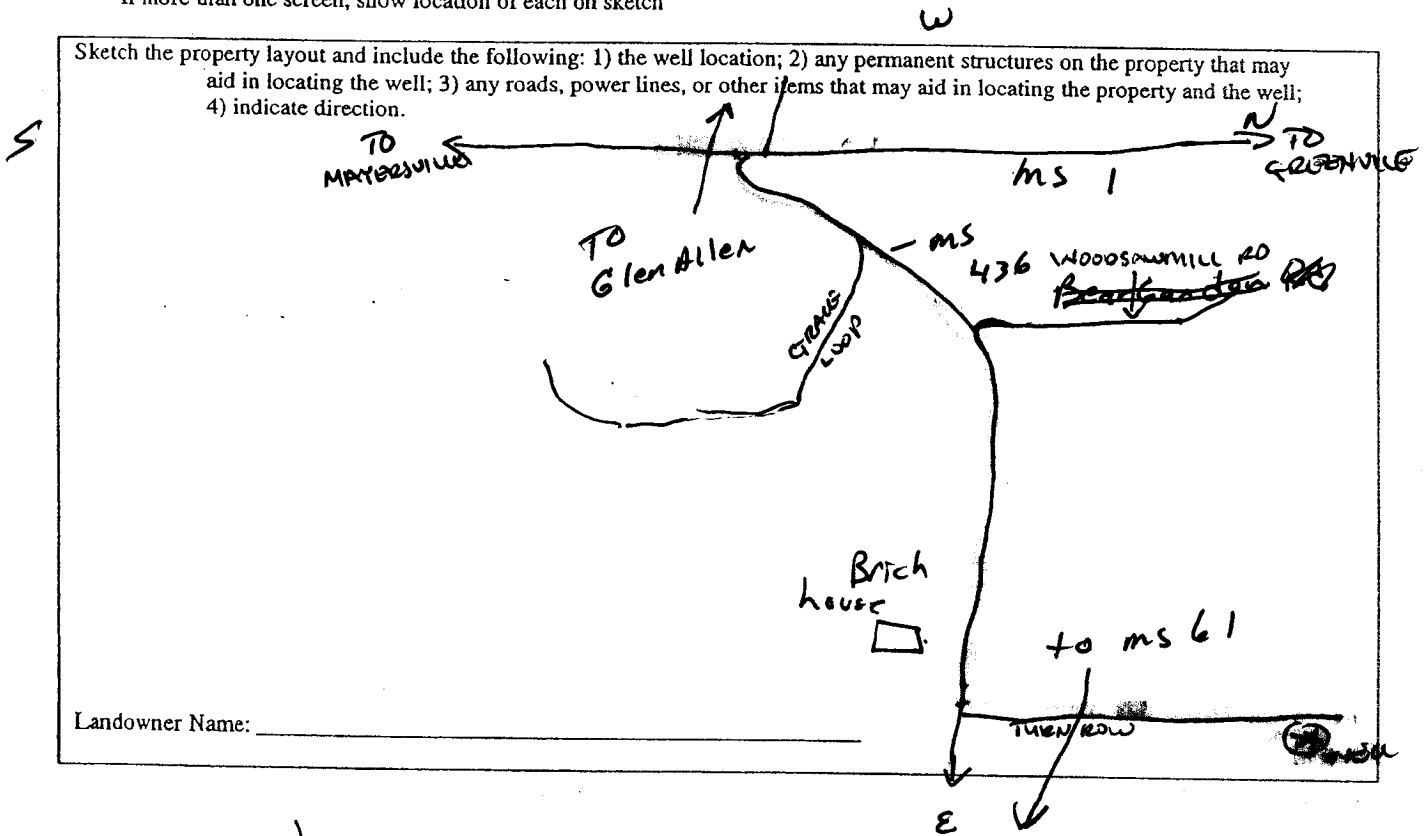
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	18
Fine Sand	18	65
COARSE SAND	65	85
Fine Sand	85	92
COARSE SAND	92	110
Sand Stone	110	111

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 0-773  
 Date completed: 5-20-10

For Office Use Only:

Aquifer: 0130  
 Well #: \_\_\_\_\_  
 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>Lakeland Planting Co.</u> Mailing Address: <u>96 Leo Williams Rd.</u>  <u>Hollandale MS 38748</u> City State Zip Code  Telephone No. ( ) _____	Latitude: <u>33° 06' 56"</u> Longitude: <u>090° 55' 55"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>33</u> Twn <u>15N</u> Rng <u>7W</u> Distance Direction Nearest Town <u>7</u> Miles <u>NW</u> of <u>Glen Allan</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>5/20/10</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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.

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

[Signature]  
 Signature of Pump Installer

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