

BOB Nunery

# 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 #: P-163  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW42329  
Driller: J. NEWCOME 0-773  
Date drilling completed: 12-13-07

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>WOODLAND FARMS PTA.</u>	Latitude: <u>33° 08' 00" N</u> Longitude: <u>81° 57' 46" W</u>
Mailing Address: <u>c/o BOB NUNERY</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>PO Box 296</u>	USGS quad, <u>SE 1/4 NW 1/4 Sec 18 Twn 15N Rng 6W</u>
<u>HOLLANDALE, MS 38748</u>	Distance: <u>2</u> Miles Direction: <u>S</u> of Nearest Town: <u>HOLLANDALE</u>
City State Zip Code	
Telephone No: <u>662-827-2021</u>	

**Well Data**

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

Date well drilling started: 12-13-07 Date well drilling completed: 12-13-07

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: 110 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: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 70 feet to 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

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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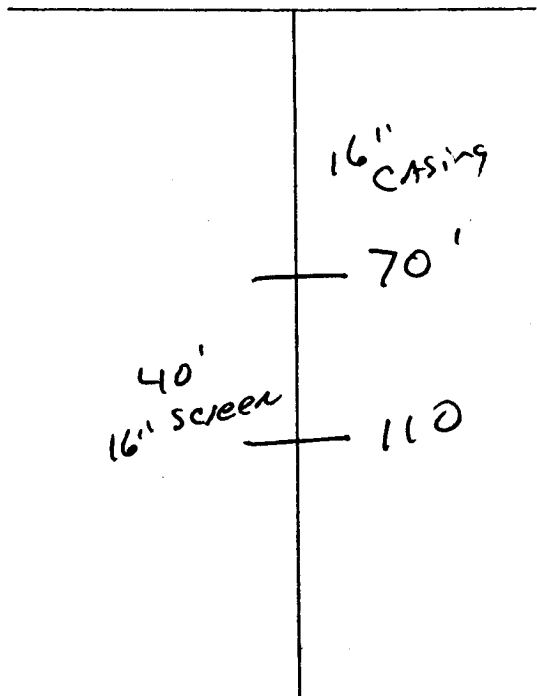
JAN 10 2008

BY: OLWR

P.

If well telescopes please sketch below and show depths.

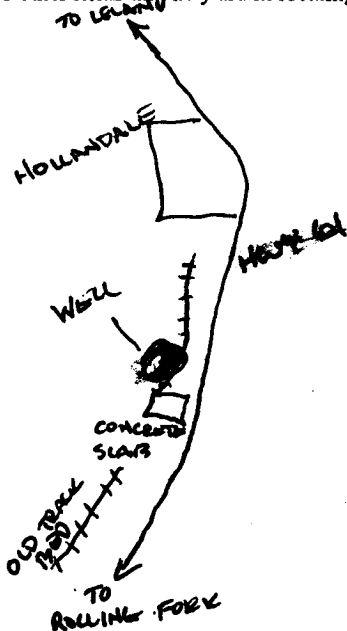
Ground Level



Description of Formations Encountered	From	To
TOP SOI	0	10
MIX CLAY	10	38
FINE SAND	38	70
MED COARSE SAND	70	90
COARSE SAND - GRAVEL	90	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.



Landowner Name: \_\_\_\_\_

*John Newkome*  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P-163  
 Elevation: \_\_\_\_\_

County: WASHINGTON  
 Permit #: \_\_\_\_\_  
 Driller: J. NEWCOME 0-773  
 Date completed: 12-13-07

**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>WOODLAND FARM PTA.</u>	Latitude: <u>33-00-81.6</u> Longitude: <u>090-51-41.6</u>
Mailing Address: <u>C/O BOB HUNTER</u> <u>PO BOX 296</u> <u>HOLLANDALE, MS. 38748</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>18</u> Twn <u>15N</u> Rng <u>6W</u>
Telephone No: <u>662-827-2021</u>	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>5</u> of <u>HOLLANDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600 H.P.</u>
Date Pump Installed: <u>12-20-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-STAGE 14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TESTED</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GLEN ROWE #710-P      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 JAN 10 2008  
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