

Woodland Pkt.
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: P 178
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: EW 43734
Driller: J. NEWCOME 0-773
Date drilling completed: 5-11-10

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>Woodland Farms Pk</u>	Latitude: <u>33° 08' 24"</u> Longitude: <u>90° 51' 06"</u>
Mailing Address: <u>c/o Bob Nunnery</u> <u>P.O. 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 <u>SE 1/4 SE 1/4 Sec 18 Twn 15N Rng 6W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3.1</u> Miles Direction: <u>South</u> of Nearest Town: <u>Hollandale MS</u>
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: 5-11-10 Date well drilling completed: 5-11-10

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: 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: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60-80- feet to 90-110 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.

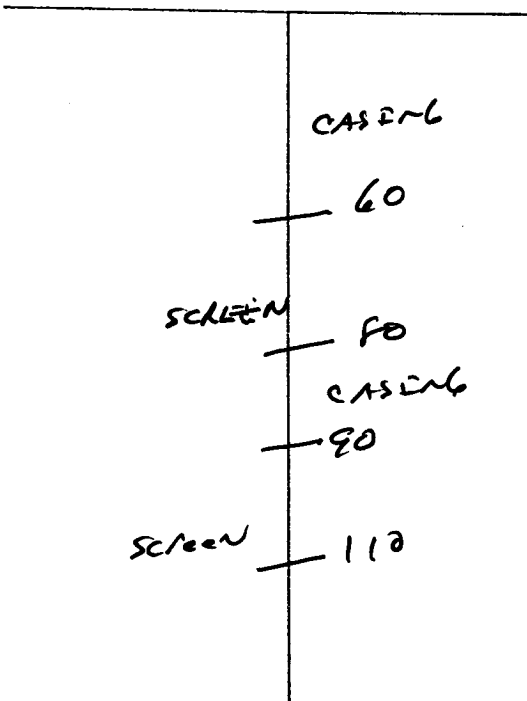
John Newcome

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

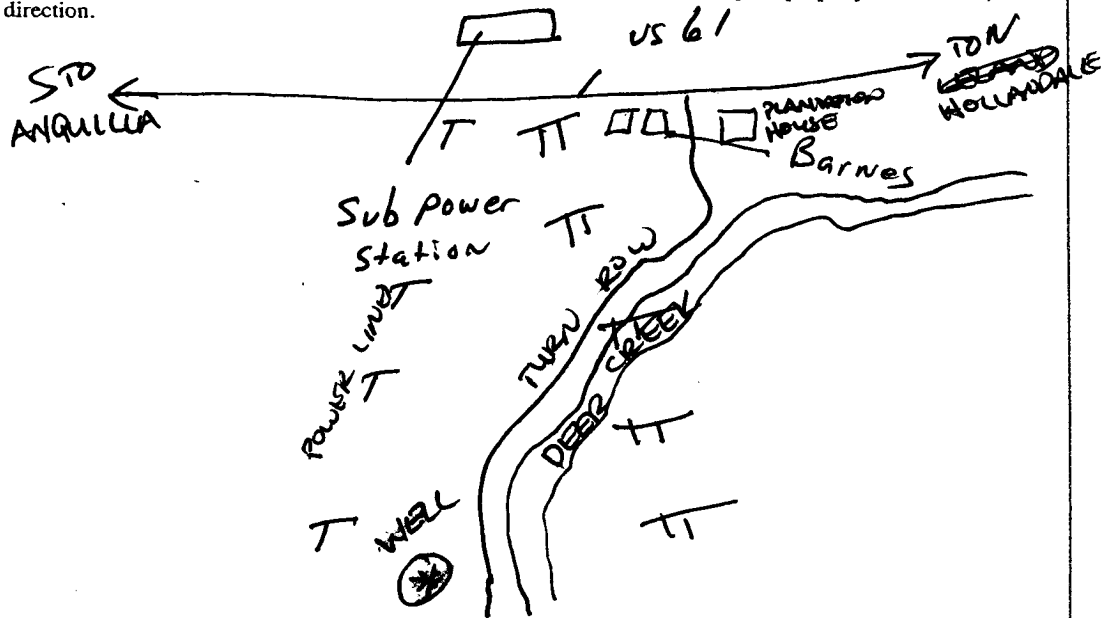


Description of Formations Encountered	From	To
TOP Soil	0	10
MIX CLAY	10	28
FINE SAND	28	60
COARSE SAND	60	80
FINE SAND	80	90
COARSE SAND	90	110
GRAVEL	110	113

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

W

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: _____

E

John Newman
 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 #: _____
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: J. Newcome 0-773
 Date completed: 5-11-10

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>Wood Land Farms Ptr</u>	Latitude: <u>33° 08' 24"</u> Longitude: <u>90° 51' 06"</u>
Mailing Address: <u>1/0 Bob Nunnery</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 296</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hollandale MS 38748</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>15N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 827-2021</u>	<u>3</u> Miles <u>S</u> of <u>Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5/12/10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ 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.

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

[Signature]
 Signature of Pump Installer

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