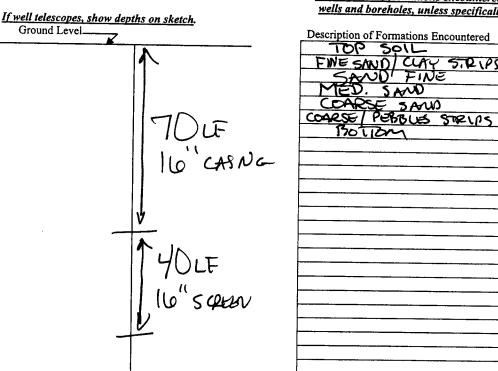
| TORDET WOO | 0 #(| |
|---|---|--|
| State W | ell Report | |
| | For Office Use Only: | |
| Mississippi Department of Environmental Quality Aquifer: | | |
| Permit #: $6W - 45700$ Office of Land and Water Resources P.O. Box 2309 Well #: P186 | | |
| Driller: J. NEWCOME 0.773 Jackson | n, MS 39225 | |
| | 961- 5210 E. S. Elevation | |
| | E-log #: | |
| State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. | | |
| Information on Well Owner | Well or Borehole Location | |
| (Landowner if borehole is not for a water well) | Latitude: 33 . 09 . 47" Longitude: 90. 49. 52" | |
| Owner Name Eastland INAN and Davis Number | Latitude: $55 \circ 01, 71$ Longitude: $10\circ 71, 52$ | |
| Owner Name Eastland, LYNN and Davis Nunnery Mailing Address: PO Box 427 | Method of Lat/Long (circle one): Conventional Survey, | |
| | USGS quad, Hand-held GPS, Survey-grade GPS | |
| | 5E 1/ DE 1/4 Sec DE Twn 15 N Rng 06W | |
| Hollandale MS 38748 City State Zip Code | | |
| City State Zip Code | Distance Direction Nearest Town Miles East of Hollandale | |
| Telephone No. () | MINGMMATRACE | |
| Well / Borehole Data | | |
| Date drilling started: $3.27.12$ Date drilling completed: $3.27.12$ Hole depth: 12 Hole diameter: 24 | | |
| Location of the source of any surface water used for drilling: <u>CANAL</u> Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TAILETS</u> | | |
| Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: | | |
| Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump | | |
| Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block | | |
| 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 above or below (circle one) land surface Date measured: | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | |
| Well depth: <u>IIO</u> Well grouted to a depth of <u>IO</u> feet Type of grout (circle one): Neat Cement Bentonite Mix | | |
| Casing length:feet Casing diameter: | | |
| Screen length:feet Screen diameter: | inches Type of screen: $\underline{P.V.C.}$ | |
| Screen slot size: .050 inches Setting depth: From | feet to 110 feet | |
| Type of completion (circle all applicable): | | |
| 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-1A (04/08 | | |

30.

MAY 2 3 2012 BY: OLWR

P186

The sketch below only required for water wells



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth) To (depth)

IР

0

10

Ground Level

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) a north arrow. EE MA 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.

Date

JOHN NEWLOME 0.773 3.27.2012

Print Name of Responsible Licensee and License No.

Signature of Licensee

| County: WashingtonPermit #: GW - 45700Pump Install Mississippi DepartrDriller: J. Newcome 0-773Office of Lar P.Date completed: 3-27-12Jack (6Copy information from block on Part 1(601) | VELL REPORT Part 2 er's Completion Report nent of Environmental Quality nd and Water Resources O. Box 2309 son, MS 39225 01)961-5210 0961-5228 (fax) ell 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 Well Location | | |
| Owner Name: Eastland, Lynn and Davis Nunner Mailing Address: P.D. BOX 427 Hollandale MS 38748 City State Zip Code | Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS X, Survey-grade GPS Ste 1/4 Nte 1/4 Sec DB T 15N R 06 W | |
| Telephone No. () | Distance Direction Nearest Town Miles East of Hollandale | |
| Pump Type Circle one Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): | |
| Pump Test Data Date Well Tested: | Method of Measuring Water Level Circle one Air Line Air Line Electric Measuring Line Steel Tape Other (specify): | |
| 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. Converting Rowel 0-773 Print Name of Pump Installer and License No. (if applicable) O-711P O-711P E.Y. OLW | | |

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