Bob barnes					
		ell Report			
County: WASHINGTON	Part 1		For Office Use Only:		
Permit #: 6w 41363 Mi	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: JOHN NEWLOME 0-773		Sox 10631 IS 39289-0631	L. S. Elevation:		
Date drilling completed: 9-5-00		961-5210	-		
	(601)354	4-6938 (fax)	E-log #:		
State Law requires that this report	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		Wel	l Location		
Owner Name ALPS PLANTAT			2" Longitud <u>690 56</u> , 23		
Mailing Address: C/O BOB BARNES		Method of Lat/Long (circle one): Conventional Survey,			
Po Box 187		USGS quad, Hand-held GPS Survey-grade GPS			
GRACE, MS 38745 1 City State Zip Code		NW & SE is Sec_	Twn_14H Rng IW		
Telephone No. 0621-839-2105  Distance Direction Nearest Town 25 Miles Direction AZOO   Cat			of AZCO MGT, AREA		
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 9-5-06  Date well drilling completed: 9-5-06					
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: 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: 900					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PUC					
Screen slot size: 050 inches Setting depth: From 60-75 feet to 85-110 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:					

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Gilliano or Wallor Wolf Confeder

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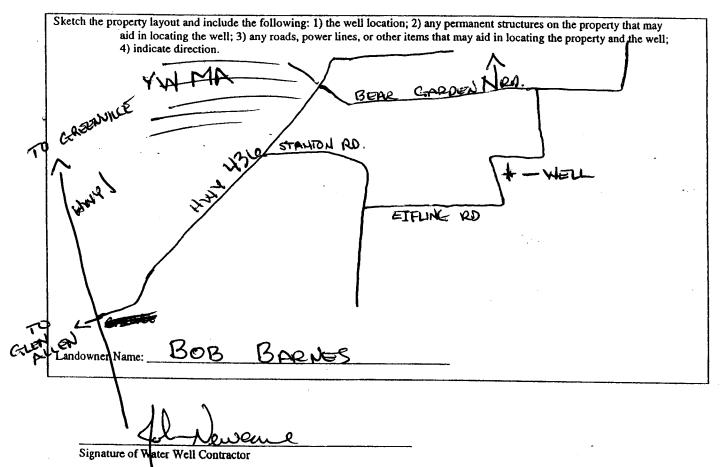
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	
15' 16"screen -	16" CASING 60 75 10:50:00
15' xreev -	110

Description of Formations Encountered	From	T <sub>0</sub>
mix clay	10	ZŶ
Fire Sand	28	60
med. Sand	40	75
Finesans	75	B
COAME Sand	85	105
Gray Clay	105	

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



## STATE WELL REPORT

## County USH: WGTSN Permit #: 6W 4/363

Date completed: 9-5-06

DrillacTOHN NEW Com 86 0-773

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)

F	or Office Use Only:
Aquifer	
Well #:	5-151
Elevatio	n:

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: ALPS PLANTATION	Latitude 33-03-28 Longitude 990-56-23			
Mailing Address: 6 BOB BARNES	Method of Lat/Long (circle one): Conventional Survey,			
to Box 187	USGS quad. Hand-held GPS. Survey-grade GPS			
City State Zip Code	NW/ SE Sec 7 Twilth Rng 7W			
Telephone Na62 839-2105	Distance Direction Nearest Town			
1 Elephone 14 (12) 8 39 21 03	2/2 Milo East of fazo MGT. ARSA			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 9-18-06	Setting Depth:feet			
Rated Pump Capacity: 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 Level (B): Feet Below Land Surface	Other (specify):			
Drawdown (B) (A)]:Feet Below Land Surface	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	feet afterhours of pumping			
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)  Signature of Pump Installer				

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OCT 26 2006

BY: OLWR