	j State w	en Report	For Office Use Only:
County: Bolivar		riller's Log	•
,	Mississippi Departmen	t of Environmental Quality	Aquifer:
Permit #: <u>GW43414</u>	i e	nd Water Resources Box 2309	Well#: <u>L247</u>
Driller: COOK Drilling	Jackson	, MS 39225	
Date drilling completed: 5-8-69	(601)9	961- 5210	L. S. Elevation:
Date drilling completed.	(601)961	- 5228 (fax)	E-log #:
State Law requires that this repo	- rt be prepared by the lice	ense holder responsible for t	the work and filed with the
Department at the above address	s within 30 days of comp	letion of drilling of the well	or borehole.
Information on Well	Owner		rehole Location
(Landowner if borehole is not j	A	Latitude: 33. 45. 24	R Longitude: <u>60°46'30</u> 9'
Owner Name Mike + Kaith	Gusten	112	. 10
·	, <i>U P</i> .	Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 3174 Huy	& WILL	USGS quad, <u>Hand-held</u>	GPS, Survey-grade GPS
		NE & NIN/ Sen 12	Twn 22N Rng 6W
Chucked, M.	5. 38932	140 4 1444/4 360	I WILL TOTAL TOTAL TOTAL
City St.	ate Zip Code	Distance Direction	of Cleve and
Telephone No. 662 ) 8+6-735	4	Miles	of Cleveland
relephone No. 100 ) 0 1 0 - 13 6	<u></u>		,
	Well / Bore	hole Data	
Date drilling started: 5-8-09Date drilling completed: 5-8-09Hole depth: 120 Hole diameter: 26			
Location of the source of any surface wa Method of dosing and volume of Chloric	ter used for drilling:	18 HP. 650/1	400 5
Method of dosing and volume of Chloric	ne used in drilling and deve	lopment:	<u> </u>
Logs run (circle all applicable): No log n		Density Sonic Neutron	Omer:
Name of organization running log(s):			
Purpose of borehole (check one): Water V	Well Geotechnical/Geol	ogical Investigation Ground	d Source Heat Pump
Caiamia	Survey Other (describe		
Seismic Survey Other (describe)			
Purpose of Well (check one): Home	Industrial Public Supply	y imigation rish Culture	- Ould.
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-9-09			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVL			
Screen length: 40 feet Screen diameter: 16 inches Type of screen: 1500			
Screen slot size:inches Setting depth: Fromfeet tofeet			
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. <i>If to</i>	elescoped or more than one scr	een, describe on next page

Form: OLWR-SWR-1A (04/08)

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The ske	tch below	only required	for	water wells

Ground Level	ns on shelen

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

Description of Formations Encountered		To (depth)
C/KY	Ground Level	16
		1
98. 71 m Sand	16	80
Sund 29 tove	60	120
3016 49 10(2)	100	120
M	ļ	
	<u> </u>	<del> </del>
	<u> </u>	<u> </u>
	<u> </u>	
<u> </u>		
	-	<u> </u>
	<b>†</b>	<u>†                                      </u>

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 permanaid in locating the well; 3) any roads, power lines, or other items that may a 4) a north arrow.	ent structures on the property that may id in locating the property and the well;
High Way 8	C/eventund
	, A
	*
Landowner Name: Mike & Keith Griffix	Form OI WP SWP 1A (04/05

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

Print Name of Responsible License and License No.

JUN 0 8 2009

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## STATE WELL REPORT

## County: BOIIVAV Date completed:

## Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality MC. Office of Land and Water Resources

P.O. Box 2309 Jackson, MS 39225 (601)961-5210

For Office Use Only:	
Aquifer:	
Well#: 1247	
Elevation:	

(601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well 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 Location Well Owner Information Longitude: 90 ~ Method of Lat/Long (check one): Conventional Survey Mailing Address: \_, Survey-grade GPS , Hand-held GPS\_ Nearest Town Direction Distance Telephone No. (662) 846-73 00 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine let Submersible Air Lift Tractor PTO Electric Motor Hand Bucket Piston Other (specify): Flowing Well Windmill Rotary Centrifugal Horse Power Rating of Motor: 50 Other (specify): Date Pump Installed: 5-8-09 Setting Depth: Number of Stages: Gallons Per Minute Method of Measuring Water Level Pump Test Data

rump reservation	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			
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		
<u></u>			

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

Form: OLWR-SWR-1B (04/08)

JUN 0 8 2009

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