	State we	eli Report		
County: Calhour	Part 1 - D :	For Office Use Only:		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: F- [2	
Driller: Jones w. Moson		ox 10631	well#:	
Day 4:11:	-	S 39289-0631	L. S. Elevation:	
Date drilling completed: 5-17-07		61-5210 -6938 (fax)	E-log#:	
	(001)551		2.0g	
State Law requires that this repor	t be prepared by the lice	nse holder responsible for t	he work and filed with the	
Department at the above address	within 30 days of compl	etion of drilling of the well	or borehole.	
Information on Well (i i	Well or Bo	rehole Location	
(Landowner if borehole is not fo	or a water well)	Latitude: 33 · 58 · みつい	" Longitude: 89 • 26 , 676,	
Owner Name Corner Soras	-2.2	16	" Longitude: 89 . 36 , 976, 09 ne): Conventional Survey,	
Mailing Address: Food of CR.	241	Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: Log of Ciz.	011	USGS quad, (Hand-held	GPS) Survey-grade GPS	
			Twn 24N Rng & C	
3	38915	1/3 / Sec a	Twn OAN Rng	
Brace MS	te Zip Code	Distance Direction	Nearest Town	
Telephone No. (667 393-3		Distance Direction 5 Miles	of Bruce	
Telephone No. (VV) 34 3-3	2040			
	Well / Boreh	ole Data		
5 12.02				
Date drilling started: 5-17-67 Date dr	illing completed: 3-17-8	Hole depth:	Hole diameter: 679	
Location of the source of any surface wat	er used for drilling:	4		
Location of the source of any surface wat Method of dosing and volume of Chlorin	e used in drilling and develo	pment: 🖊		
Logs run (circle all applicable) No log ru				
Name of organization running log(s):	Manual Ray	Delisity Some Readon	Chief.	
			10 11 10	
Purpose of borehole (check one): Water W	/ell Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump	
Seismic	SurveyOther (describe)			
If drilling is not related	l to water well construction	, skip the remainder of this bl	ock	
Purpose of Well (check one): Home	/ Industrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	on: Valve ~~ Ot	her (describe)		
Static Water Level: feet above of below (circle one) land surface Date measured: 5-1 (P- © 7				
Method of Measurement (circle one) steel tape electric tape air line other: String (meisure.				
Well depth: 210 Well grouted to a d	epth of 16 feet Type	of grout (circle one): Neat Cen	nent Bentonite Mix	
Casing length: 190 feet Cas				
Screen length: 20 feet Scr	een diameter:	_inches Type of screen: _	puc	
Screen slot size: , 0 (0 inches	Setting depth: From	190 feet to	210 feet	
Type of completion (circle all applicable)	: Gravel packed Under	reamed Telescoped Oper	hole Natural Development	
	Other (describe):	nt		
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A

The s	ketch	below	only r	eauired i	for	water wells

If well telescopes, show depths on sketch.

Ground Level.

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

Description of Formations Encountered	From (depth)	Γο (depth)
clay dirt.	Ground Level	45
white sand	45	55
Blue Clari	55	180
Blue clay while south	180	210.
		,

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 perman aid 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 aid in locating the property and the well;
Landowner Name: Corner Scruss. N	Form: OLWR-SWR-14

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.

Print Name of Responsible Licensee and License No. Date

STATE WELL REPORT

Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

For Office Use Only:			
Aquifer:			
Well #: F. 2			
Elevation:			

Driller: Joses Moson Date completed: 5-18-07 Copy information from block on Part 1 This part of the report must be completed report must be attached and both parts file	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) by a licensed water well contractor or a licensed pump institution.		Well #: Elevation: installer. A copy of	of Part 1 of the	
Well Owner Informat			ll Location	~+w/i+	
Owner Name: Corner Scruggs Mailing Address: End of CR. 241		Latitude: 33.58, 275 Longitude: 89.26.076 Method of Lat/Long (check one): Conventional Survey,			
Bruce Ms City State Telephone No. (662 393 - 36		USGS quad, Hand-held Salv 1/2 500 1/4 Sec	T 24 ~ R Nearest Tow	2w	
D T		n.			
Pump Type Circle one			ower Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne 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	r: 5 hp	*	
Date Pump Installed: 5-18-07		Setting Depth:60	<u> </u>	feet	
Rated Pump Capacity: Gallons Per Minute Number of Stages: 14 .				-	
Pump Test Data			easuring Water L	evel	
Date Well Tested: 5-18-07 Static Water Level (A): 6 Feet Pumping Water Level (B): Feet	Below Land Surface		asuring Line	Steel Tape	
Drawdown [(B) – (A)]: Feet Test Pumping Rate: 50 Duration of Pump Test (minimum 4 hours):	Gallons Per Minute	For flowing well, measured s Well yielded	GPM with a dr	feet rawdown of urs of pumping	
I HEREBY CERTIFY that the above statem		f my knowledge.			

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
James w. Mason 0-600	Gars w. Man	
Print Name of Pump Installer and License No. (if applicable)	/ Signature of Pump Installer	

Form: OLWR-SWR-1B