State Well Report				
County: Coahoma		riller's Log	For Office Use Only:	
_ ,	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well# <u>C144</u>	
Driller: Willie Bryant		MS 39225	•	
Date drilling completed: 3-28-12		61-5210	L. S. Elevation:	
Date di ming completed.	(601)961	- 5228 (fax)	E-log #:	
State Law requires that this repor	t he nrenared by the fire	ense kolder responsible for t		
Department at the above address				
Information on Well ()wner		prehole Location	
(Landowner if borehole is not fo	or a water well)	I aringin 34 13 - 74	Longitude: 090 27:54	
Owner Name KWH Fax	ms			
Mailing Address: William H.	A .	44 Method of Lat/Long (circle or	ne): Conventional Survey,	
1 1 1 1	/	USGS quad, (Hand-held	GPS Survey-grade GPS	
f. 0. Box 3		5E 45 W 14 Sec 12	Twn 29N Rng 3 W	
Lula m	38644 te Zip Code			
		Distance Direction Miles S E	of U/O	
Telephone No. (662 337 - 2	1913		ich Rde East	
(901) 603-8	473 Well/Bore	hole Date	ICARAC EST	
222.0		_	1 1-	
Date drilling started: 3-28-72 Date d	filling completed: 3-28	Hole depth: 92	Hole diameter. (6 2	
Location of the source of any surface wat	er used for drilling:	early detch		
Method of dosing and volume of Chloric	e used in drilling and devel	opments Chlockel	Table 75	
	_			
Logs run (circle all applicable) No log ru Name of organization running log(s):	n Electric Gamma Kay	Density Sonic Neutron	Other:	
		_		
Purpose of borehole (check one): Water V	Vell Ceotechnical/Geol	ogical Investigation Groun	d Source Heat Pump	
Seismic	SurveyOther (describe	r)		
If drilling is not relate	d to water well construction	n, skip the remainder of this b	lock	
Purpose of Well (check one): Home	Industrial Public Supply	y Irrigation Fish Culture	Other: Toilets	
1		<i>M</i>		
If a flowing well, method of flow regulation: ValveOther (describe)				
Static Water Level: 38 feet above or below (circle one) land surface Date measured: 3-28-12				
Method of Measurement (circle one) steel tape electric tape air line other: Water Water				
Well depth: 92 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: <u>\$2</u> feet Casing diameter: <u>\$\psi\$</u> inches Type of casing: <u>\$\psi\cup VC \left \left \text{0}\$</u>				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PYC 5/0/4-2d				
Screen slot size: , 0/3 inches Setting depth: From 82 feet to 92 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap sine or reduction in casing:	-0 - feet. If to	viescoped or more than one sc	reen, describe on next page	

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

APR 2 6 2012

BY: OLWR

The sketch below only required for water wells	Description of formations encountered must be provided for all			
	wells and boreholes, unless specifically	exempted by reg	ulations	
If well telescopes, show depths on sketch.				
Ground Level	Description of Formations Encountered	From (depth)	To (depth)	
	Co. A	Convend Laval	100	

Description of Formations Encountered	rrom (depth)	10 (depth)
Sand	Ground Level	20
Sand	20	40
Med. cond.	40	60
Coarse sand	60	0
coarse sand	00 -	92
	0	
	1	†
		
		
		
		
		<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 permanent structures on the property aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property at 4) a north arrow. Storage Rich MS	nd the well;	
Coglona Rich Rell	ECEIV	ED
↓	PR 2 6 2 0	012
	Y: OLV	

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.	- 140	7-10-11	Wille L. Bryant
Willie Libryant	0~637	3-45-12	Wille d. organ
Print Name of Responsible Licensee and	License No.	Date	Signature of Licensee

	STATE WEL	L REPORT	For Office Use Only:
County: <u>Coalong</u>	Part 2		
Permit #:	Pump Installer's Completion Report		Aquifer:
	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #:
Driller: Willie Bryant	P.O. Box 2309		
Date completed: 3-28-12	Jackson, N (601)96		Elevation:
Copy information from block on Part 1	(601)961-5	5228 (fax)	
This part of the report must be completed	by a licensed water well cor	ntractor or a licensed pump	installer. A copy of Part 1 of the
report must be attached and both parts file Well Owner Informat	ed with the Department at ti	he above address within 30 c	days of well completion.
1	·		Longitude: 096 27.54
Owner Name: BWH Farm	A 3	Latitude: 37 23, 14	_ Longitude: 070 21.34
Mailing Address: William H		Method of Lat/Long (check	one): Conventional Survey
P.O. Box 3	96		d GPS Survey-grade GPS
Ly/q ms'	Zin Code		12 T 29N R 3W
1	• 1	Distance Direction Miles 5	Nearest Town
Telephone No. (642 337 - 29	122	Miles S E Coanima	Rich Rd. East
(94) 603-89	13		
Pump Type Circle one			ower Type Circle one
Air Lift Jet	Submersible	Diesel Engine Gaso	line Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	1 Tractor PTO
Centrifugal Rotary	Flowing Well		r (specify):
Other (specify):		Horse Power Rating of Mot	or:
Date Pump Installed: 3-28-12	2	Setting Depth:	feet
Rated Pump Capacity: 12	1	Number of Stages:	2
			A
Date Well Tested: 3 Pump Test Date	2		Measuring Water Level Circle one
	i		leasuring Line Steel Tape
Static Water Level (A): 38 Fee	et Below Land Surface	Other (specify): Wat	- level Reader
	et Below Land Surface	For flowing well, measured	l shut in head:feet
		Well yielded 15	GPM with a drawdown of
Test Pumping Rate:	Gallons Per Minute		
Duration of Pump Test (minimum 4 hours	s): 4 hours	feet afte	rhours of pumping
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump			
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
William Book + making William to knownt			
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form Pump Spik (C. (1) (19)			
			- Low HEGE LAFE - 03)

APR 2 6 2012

BY: OLWR