State Well Report					
County: Desato		riller's Log	For Office Use Only:		
		t of Environmental Quality	Aquifer:		
Permit #:	Office of Land a	nd Water Resources	Well #: H- 18		
Driller: Jones W. Mason		Box 10631			
		IS 39289-0631	L. S. Elevation:		
Date drilling completed: 9-5-06		961-5210			
	[601)35	4-6938 (fax)	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			rehole Location		
(Landowner if borehole is not for a water well)		134.62.882	2" I amaigned 11099 112: 510 4"		
Owner Name Allow	 Dillog Comar ()	Latitude: 100 100 100 100 100 100 100 100 100 10	2" Longitude: W089 43 564"		
		Method of Lat/Long (circle or			
Mailing Address: 14297 3e 11	(0-13				
		USGS quad, (Hand-held	GPS, Survey-grade GPS		
		NE LNE L CON 21	Twn 2s Rng 5w		
Byticlia 1 City Sta	15 33611	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I wii		
City Sta	ite Zip Code	Distance Direction Miles	Nearest Town		
100 001 025	-0	Miles JE	of Miller		
Telephone No. (662) 551-035	<u> </u>				
Well / Borchole Data					
~ ~ .	0 0	ma 1110 ¹	63/4		
Date drilling started: 9-5-06 Date d	rilling completed: $\frac{7-5-}{}$	Hole depth: 190	Hole diameter:		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: MA					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic SurveyOther (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 Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 6 feet above or below) (circle one) land surface Date measured: 9-10-06					
Method of Measurement (circle one) steel tape electric tape air line other: String weight					
Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 130 feet Casing diameter: 4 inches Type of casing: 000					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 500 Screen slot size: 010 inches Setting depth: From 130 feet to 140 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 next page

Form: RECEIVED

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The sketch below only required 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)	To (depth)
clay dirt	Ground Level	30
red sond	30	35
O Conel	35	42
white clay	45	75
white clay	75	140
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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 aid in locating the well; 3) any roads, power lines, or other items that	permanent structures on the property that may at in locating the property and the well;
4) a north arrow.	
charse house	E veil
5	
Landowner Name: Allen Swearengen	- Form: OI WR-SWR-1

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

Jones w. Meson 0-600 10-2-06 Print Name of Responsible Licensee and License No.

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BY: OLWE

STATE WELL REPORT					
Pump Installer Permit #: Driller: Dee w Moson Date completed: 5-10-06 Pump Installer Mississippi Departme Office of Land P.O. Jackson, (60	Part 2 S's Completion Report ent of Environmental Quality l and Water Resources Box 10631 MS 39289-0631 1)961-5210 154-6938 (fax) Il contractor or a licensed pump installer. A copy of Part 1 of the				
Well Owner Information	Well Location				
Owner Name: All Swearengers Mailing Address: 14965 Bell Cd - B Byholia MS 3861(City State Zip Code Telephone No. (662) 551-0358	Latitude: N34 53, 882 Longitude: W089° 43. 564 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE_ 4 NE_ 4 Sec 31 T 35 R 5 \cdots Distance Direction Nearest Town Miles 5 = of \(\text{Miles} \)				
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: 3/4				
Date Pump Installed: 9-10-06	Setting Depth:feet				
Rated Pump Capacity: (2 Gallons Per Minute	Number of Stages:				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested: 9~10~06 Static Water Level (A): 6 Feet Below Land Surface Pumping Water Level (B): 74 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): String (weight				
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Well yielded GPM with a drawdown of feet after OH hours of pumping				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Tones w. Major O-620 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer For Examples 1					

OCT 0 9 2006

BY: OLWA