	State Wo	ell Report		
44	į.	riller's Log	For Office Use Only:	
County: Hacrison		of Environmental Quality	Aquifer:	
Регmit #:	Office of Land and Water Resources		Aquifer:	
Driller: 0-785	P.O. B	ox 10631		
	•	S 39289-0631	L. S. Elevation:	
Date drilling completed:		061-5210		
<u></u>	[601)354	-6938 (fax)	E-log #:	
State Law requires that this repo Department at the above addres.				
Information on Well Owner		Well or Borehole Location		
(Landowner if borehole is not for a water well)		V 20 0 24 1 207	" Longitude: \$7° 12'570"  ie): Conventional Survey,	
Owner Name Lawrence La		Latitude: 30° 26 103	Longitude: 39	
Owner Name Campener Ca	tw tct	Method of Lat/Long (circle or	ie): Conventional Survey.	
Mailing Address: 1208 COLE P	iver ReO.	<u></u>		
		USGS quad, Hand-held GPS, Survey-grade GPS		
		, , , , , , , , , , , , , , , , , , ,	Twn 75 Rng 12 w	
Gat 111	28502		I Wn Kng [LW]	
Gp + . M City Sta	ite Zip Code	Distance Direction	Nearest Town	
		Miles	of	
Telephone No. (221) 669 - 359	?/			
· · · · · · · · · · · · · · · · · · ·	Well / Borel	role Dete		
Date drilling started: \$-70 Date d	rilling completed: _ & - 7	Hole depth: 280	Hole diameter:	
Tarada a Calabara da Cara da Cara				
Location of the source of any surface wat Method of dosing and volume of Chlorir				
memoral of desing and volume of emorn	ie asea in atming and acres	princing		
Logs run (circle all applicable): No log runame of organization running log(s):	Logs run (circle all applicable): No log run Dectric Gamma Ray Density Sonic Neutron Other:			
Purpose of horabole (chapte one): Water V	Vall - Castachnical/Casta	aical Investigation Crowd	I Course Heat Dump	
Purpose of borehole (check one): Water V	ven Geolecinical/Geole	igical investigation Ground	Source Heat Pump	
Seismic	Survey Other (describe)			
If drilling is not relate	d 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: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) etect tape electric tape air line other:				
Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 270 feet Casing diameter: 2 inches Type of casing: 150				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: 1006 inches Setting depth: From 220 feet to 280 feet				
Type of completion (circle all applicable)	: Gravel packed Unders	reamed 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

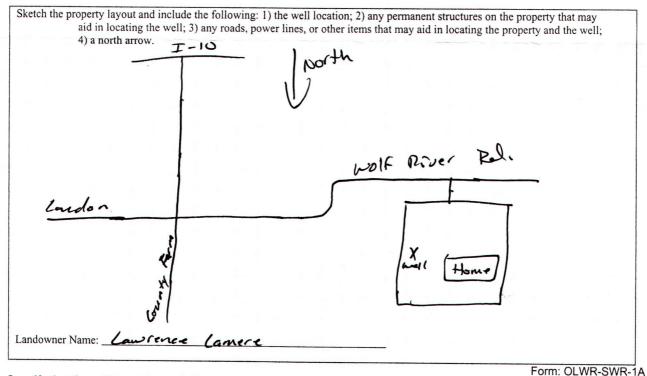
The sketch below only required for water wells

I we	u teles	copes,	snow	aepins	on skell	<u>cn</u> .
G	round	Level.		7		

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

Description of Formations Encountered		To (depth)
Clay Sound Grave	Ground Level	15-
Sand	15-	25-
Gravel	25	555 260 280
class	55	260
clay	240	280

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



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.

Malvin Vagner 0-785 8-30-67

Print Name of Responsible Licensee and License No.

Signature of Licensee

SEP 0 6 2007

## STATE WELL REPORT

## Part 2

County: HAVE SON

Driller: 0-785

Date completed: 8-71-07

Copy information from block on Part 1

Permit #:

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)

For Office Use Only:		
Aquifer:		
Well #:	K-436	
Elevation:		

This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of				
Well Owner Information	Well Location			
Owner Name: Lawrence Camere	Latitude: 38° 26,707' Longitude: 89° 12,530'			
Mailing Address: 11208 Wolf River Rl.	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
0.1 1/2 2002				
Gyt. Ms. 39503 City State Zip Code	¼¼ SecTR			
2.1, 2000	Distance Direction Nearest Town			
Telephone No. (228) 669 - 3591	Miles of			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift 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: Y-7/-07	Setting Depth:feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: \$ - 31 - 27	Circle one			
	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	Suite (openity).			
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	of my knowledge.			

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B