

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 184

Aquifer: _____

E-log #: _____

County: Humphreys
Permit #: 612-47574
Driller: Tommy Peacock
Date drilling completed: 10/24/14

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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location	
Owner Name: <u>Ruth Lundy Switzer</u>	Latitude: <u>33°14'49"</u> Longitude: <u>90°26'43"</u>		Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>967 Mallard Drive</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		NE <input type="checkbox"/> SW <input type="checkbox"/> Sec. <u>07</u> T <u>16N</u> R <u>02W</u>	
<u>Capell</u> TX <u>75019</u>	City State Zip Code		<u>8</u> miles North of <u>Belzoni</u> (Distance) (Direction) (Nearest Town)	
Telephone No. () _____				

Well / Borehole Data	
Date drilling started: <u>10/24/14</u>	Date drilling completed: <u>10/24/14</u> Hole depth: <u>118</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>River 1 mile west of well site</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tanker</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No logs run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet (above or below) land surface. Date measured: _____ (circle one)	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Airline <input type="checkbox"/> Other (describe) _____	
Well depth: <u>118</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Heat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>78</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1032</u> inches Setting depth: From <u>78</u> feet to <u>118</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of top pipe or reduction in casing: _____ feet	
If telescoped or more than one screen, describe on next page	

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BY: OLWR

County: Humphreys
 Permit #: GW-47574

For Office Use Only:
 Well #: D 84

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

Top soil & clay	15
Sandy clay mix	20
Medium sand	20
Coarse sand	30
Coarse & gravel	30
gravel	3'

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)
Top soil & clay	Ground level	15
sand/clay mix	15	35
medium sand	35	55
coarse sand	55	85
coarse & gravel	85	115
gravel	115	118

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 that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow

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Landowner Name: _____

I HEREBY 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.

Tommy Peacock Lic#-3409 11/3/14 Tommy Peacock
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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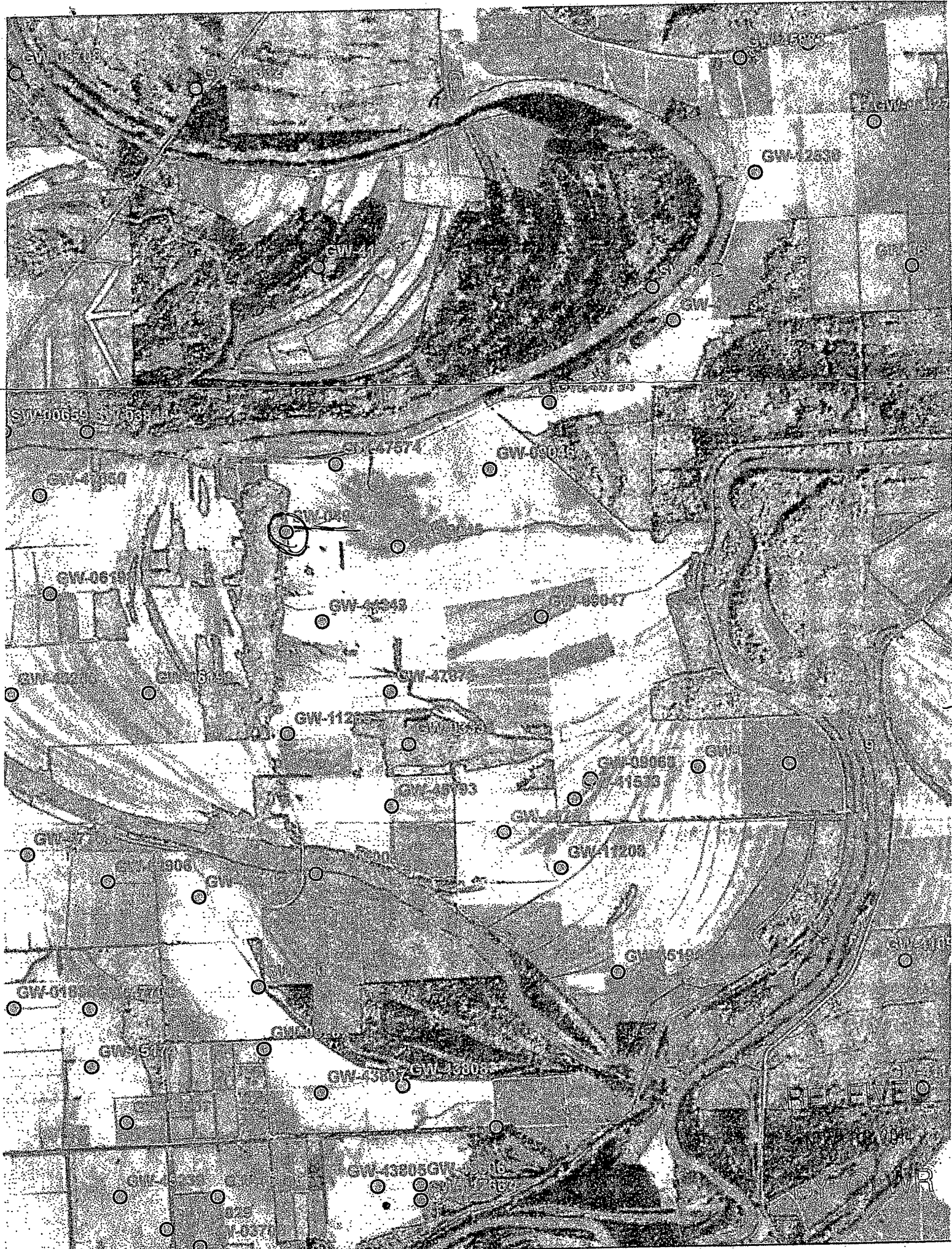
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Kenny Kodper

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