County: Humplear's
Permit #: 6W-4700 3 /
Driller: J. Nancome 0 773
Date drilling completed: 7.26.2013

Well Owner Information

(Landowner if borehole is not for a water well)

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 #:	Faac		
Aquifer:			

E-Log #: __

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 33°09' 27" Longitude: 090° 38' 17"			
Owner Name: Steve Grisham				
Mailing Address: 4301 St HWY 12E	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Belzon: MS 39038 City State Zip Code	NE 14 SE 14, Sec 09 4 15N R 03W			
,	Miles S of BELZON (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: 7.26.13 Date drilling completed:	7.26.13 Hole depth: 122 Hole diameter: 20"			
Location of the source of any surface water used for drillir	11			
Method of dosing and volume of Chlorine used in drilling ar	nd development: CHWHINE TABLET			
Logs run (circle all applicable): (No log ron Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one). Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
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): Steel tape Electric t	ape Air line Other (<i>describe</i>):			
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: BO feet Casing diameter: limited inches Type of casing: P.V.C.				
Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.				
Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet				
Type of completion (circle all applicable): oravel packet	Underreamed 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: OLWR-SWR-1A (4/13)

Permit #: Can 47003	V	For Office Use Only: Well #: トラスク
The sketch below only required for water wells	Description of formations encor	untered must be provided for all wells
If well telescopes, show depths on sketch.	and boreholes, unless specifical	lly exempted by regulations
Ground Level	Description of Formations Encount	
Ground Level	TOP SOIL	Ground level (6
1	CLAY	10 35
	SAND	35 55
100	MEDIUM SAND	55 45
1004	MEDIUM COARSE MEDIUM	65 73 73 an
15 6 CASING	MEDIUM/CUNDSE SX	
- Challes	1 COMMITTEE ST	10 120
1 5		
<u> </u>		
11.10		
11400		
1/6 SCROWN		
- - '		
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 a 3) any roads, power lines, or other items that may aid i 4) north arrow	aid in locating the well n locating the property and the well	
SEE	MAP	
Landowner Name:		
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, and completed in accommental Quality and the Mississippi	cordance with all applicable Department of Health regulations,
JOHN NEWCOME 0.773	7.26.2013	1 louers 1
Print Name of Responsible Licensee and License No.		ignature of Licensee
	7	Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

Part 2

Date completed: 7-26.201 Copy information from block on Part 1 Pump Installer's Completion Report
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 (fav)

For Office Use Only:	
Well #:F23C	Well #:
Aquifer:	Aquifer:

	300-0333 (lax)			
of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Steve Crishan	Latitude: 33° 69' 27 Longitude: 90' 30' 17'			
Mailing Address: 4301 St Huy 12 E	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Belzoni MS 39038 City State Zip Code	NE 14 SE 14, Sec 09 T 15WR 03W			
City State Zip Code	· · · · · · · · · · · · · · · · · · ·			
Telephone No. ()	(Distance) Miles Sof Selzon (Nearest Town)			
Pump Typ	e (circle one)			
	Jet Piston Rotary Other (describe):			
	ated Pump Capacity: 1000 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacemen				
	pe (circle one)			
	imil Other (describe):			
Horse Power Rating of Motor: 30 Setting Depth				
Pump Test Data f	or Non Flowing Well			
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
	remping mater acret (a).			
· ·	ace Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tag	pe Air line Other (<i>describe</i>):			
Pump Test Data	a for Flowing Well			
Measured shut in head:feet. Not +6	2sted			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
. Meter Ir	nstallation			
Meter Manufacturer:	Meter Serial Number:			
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF to 001 July)	Meter Serial Number:			
Totalizer Register Unit and Multiplier Factor (AF x 001 gal	x 1000, etc):			
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replacemen				
For agricultural wells, a list of app	rtifying that this meter was installed to manufacturer standards. roved meters is on the MDEO website.			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)