State W	ell Report		
County: Hymphoe, C Part 1-I	For Office Use Only:		
/ / inicocouph peparatica	t of Environmental Quality Aquifer:		
	Box 2309 Well #: 144		
1) 10 (604)	, MS 39225 961- 5210 L. S. Elevation:		
	- 5228 (fax)		
State Law requires that this report be prepared by the lice	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 Owner (Landowner if borehole is not for a water well)	Well or Borehole Location		
Owner Name	Latitude: 33 02 : 87 " Longitude: 090 : 17 : 31"		
Mailing Address: Trentiss Allen	Method of Lat/Long (circle one): Conventional Survey,		
1791 Lampkin Rd	USGS quad, Hand-held GPS, Survey-grade GPS		
Silver City 39/66	SW 14 NE 14 Sec 24 Twn 14N Rng 3 W		
City State Zip Code	Distance Direction Nearest Town Miles of Silver Cft		
Telephone No. (60/) 5/9-7910	1 of Silver Care		
Well / Borehole Data			
Date drilling started: 1/10-12 Date drilling completed: 11-10-12 Hole depth: 104 Hole diameter: 7/2			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:			
Logs run (circle all applicable) Rolog 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 Survey Other (describe)			
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrialPublic SupplyIrrigationFish CultureOtherOther.			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 2/ feet above or below (circle one) land surface Date measured: 4-11-12			
Method of Measurement (circle one) steel tape electric tape air line other. Son'C water levelmister			
Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 64 feet Casing diameter: 4 inches Type of casing: PVC/60			
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted			
Screen slot size: 613 inches Setting depth: From 64 feet to 104 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: OLWR-SWR-1A (04/08)



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

· ·	<u> </u>	Ground Level	10
	Brown Sand	10	15
	clay + sona	15 7	20
	med sand	20	40
	Med - coarse sand	70	6 e
	coarse sand	60	<u>75</u>
	Coarse Sandi wood	75	\$ D
	coarse sand	Q0	7 06
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If more than one screen, show location of each on sket	tch		
Sketch the property layout and include the following: 1) the	e well location; 2) any permanent structures on the p	roperty that may	
and in locating the well; 3) any roads, power (lines, or other items that may aid in locating the prop	erty and the well;	-
O d a lot in arow.			Y
Sel sen City			į
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South	Pasture		
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Sarth Light	pasture		
Sarth Light	Pasture House		
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1111	pasture		
1 [1]	pasture		
Landowner Name: Trentiss Allen	pasture		
1 [1]	House 1791		1
Landowner Name: Trentiss Allen	pasture House 1791 Form:	OLWR-SWR-IA ((04/08)
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Landowner Name: Trent'SS Allen I certify that the well/borehole was drilled, constructed, a	Form:	OLWR-SWR-IA (cquirements of the	(04/08) e
Landowner Name: Trent'ss Allen I certify that the well/borehole was drilled, constructed, a Mississippi Department of Environmental Quality and th	Form:	OLWR-SWR-IA (cquirements of the	(04/08) e
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

PEC 10 2012

BY OLWA

	STATE WELL REPORT	For Office Use Only:		
County: Humpholys	Part 2	•		
D. C. C.	Pump Installer's Completion Report	Aquifer:		
Permit #: M Driller: Willie Bryant	lississippi Department of Environmental Quality Office of Land and Water Resources	Well #:		
Driller: Willie Bryant	P.O. Box 2309	1		
Date completed: 11-11-12	Jackson, MS 39225	Elevation:		
Copy information from block on Part I	(601)961-5210 (601)961-5228 (fax)			
		E Band 7 of the		
This part of the report must be completed by a	licensed water well contractor or a licensed pum ith the Department at the above address within 3	p installer. A copy of Pari 1 of the 0 days of well completion.		
Well Owner Information	V	Yeli Location		
Owner Name:	Latitude: 33 02.87	Longitude: 090° 27.32		
Mailing Address: Trenfiss Al	Method of Lat/Long (check	k one): Conventional Survey,		
1791 Lampk	USGS quad, Hand-h	eld GPS 2. Survey-grade GPS		
Silver Citym	Siver CH 39/66 City State Zip Code USGS quad, Hand-he SW 4 NE 4 Sec			
City State	Distance Direction	Nearest Town		
Telephone No. 601 519 - 79/0	Miles	of Silver City		
Pump Type		Power Type Circle one		
Air Lift Jet St	ubmersible Diesel Engine Gas	soline Engine Natural Gas		
Bucket Piston To	urbine Electric Motor Ha	end Tractor PTO		
Centrifugal Rotary F	1011115	her (specify):		
Other (specify):		otor: 1,5		
Date Pump Installed: 11-11-12	Setting Depth:			
Rated Pump Capacity: 30 Ga	allons Per Minute Number of Stages:	8		
Date Well Tested: # Pump Test Data		Measuring Water Level Circle one		
Date Well Tested: 1 23	Air Line Electric	Measuring Line Steel Tape		
Static Water Level (A): 21 Feet Below Land Surface Other (specify): 5 on c Water 1		c Water level Reader		
Pumping Water Level (B): Feet Be	low Land Surface For flowing well, measur	red shur in head:feet		
20	71	GPM with a drawdown of		
Test t uniping tent.	41	her 4 hours of pumping		
Duration of Pump Test (minimum 4 hours):				
This is for (circle one): New Well) Replacement of Existing Pump Repair of Existing Pump				
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Willie L. Bryant 0-639 Willie L. bryan				
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1C (07-09)				