

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 #: L120
Aquifer: _____
E-Log #: _____

County: Humphrey
Permit #: MS-GW-49440
Driller: Tommy Percock Sr
Date drilling completed: 5-12-16

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>Thomas Swarek</u>	Latitude: <u>N 32° 56' 25"</u> Longitude: <u>W 90° 27' 21"</u>
Mailing Address: <u>1261 Pass Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> <u>MS</u> <u>39501</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 25 T 13N R 03W</u>
Telephone No. (____) _____	<u>20</u> Miles <u>S</u> of <u>Belzoni</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>5-12-16</u> Date drilling completed: <u>5-12-16</u> Hole depth: <u>108'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>nearby lake</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>when filling pit</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log 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): 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 type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>26</u> feet [above or below] land surface (circle one) Date measured: <u>5-12-16</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>108'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>68</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>0.32</u> inches Setting depth: From <u>68</u> feet to <u>108</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____

MAY 23 2016

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Top of lap pipe or reduction in casing: _____ feet

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is arranged in several paragraphs and is not readable.]

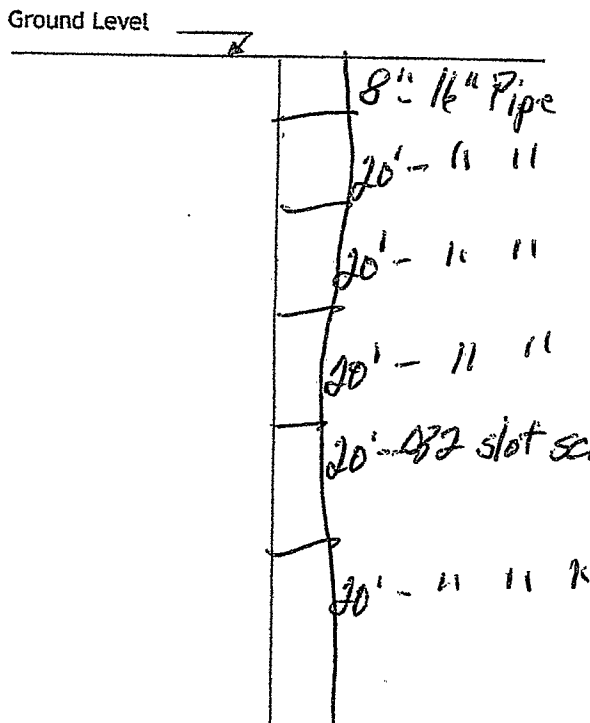
County: Humphreys
 Permit #: MS-GW-49440

For Office Use Only:
 Well #: L120

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
Top soil	0	15
Clay	15	65
Coarse sand	65	85
Coarse sand & gravel	85	108

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

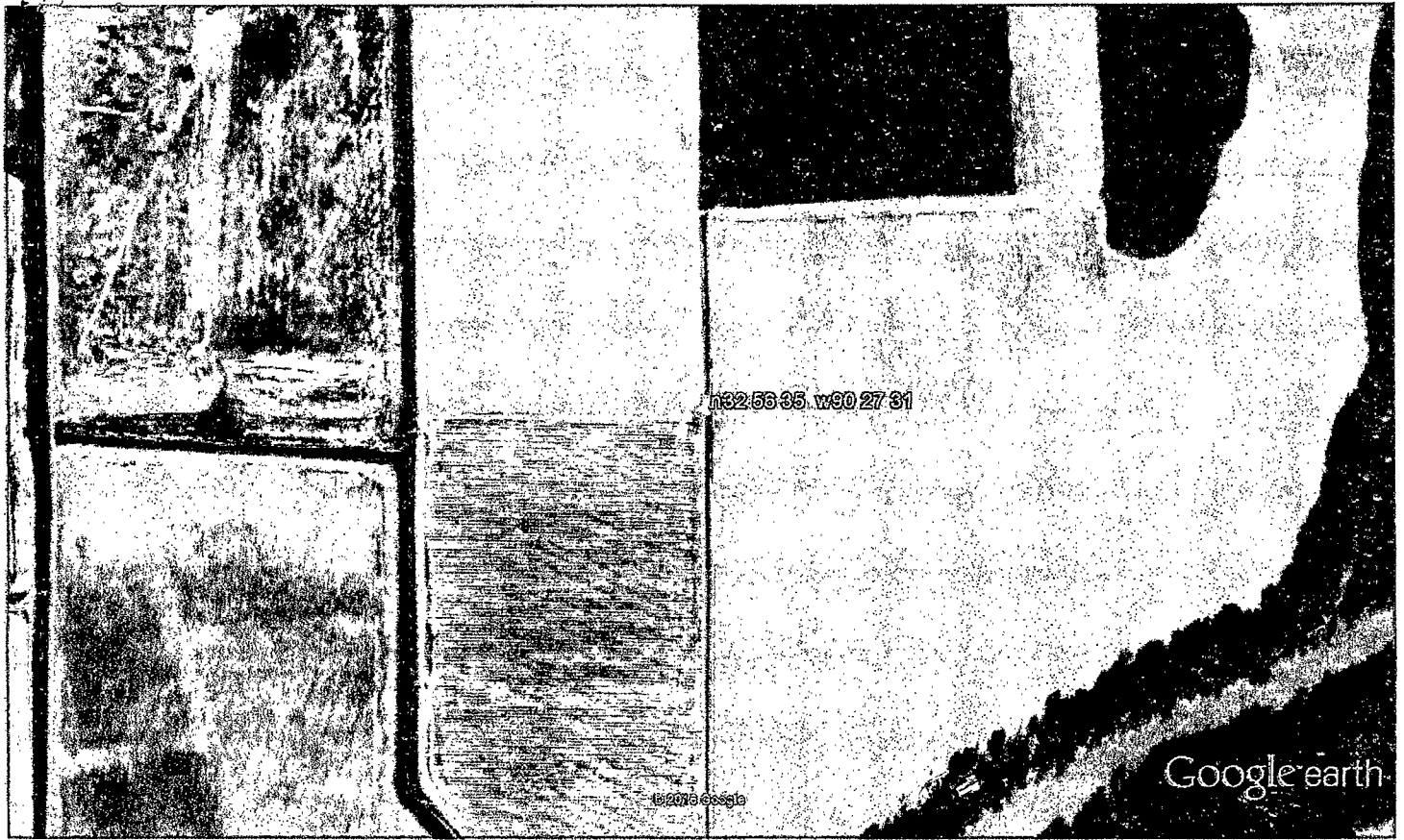
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Landowner Name: Thomas Swarek

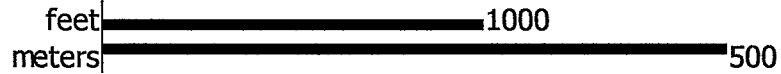
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tommy Peacock Sr #3409 5-19-16 Tommy Peacock Sr
 Print Name of Responsible Licensee and License No Date Signature of Licensee

L 120



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P. O. Box 129
 Stoneville, MS 38776
 Tel.: (662) 686-7712
 Fax: (662) 686-9078
 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

April 25, 2016

Thomas Swarek
 1261 Pass Road
 Gulfport MS 39501

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49440
 which will be replacing Nonpermitted Well located at
 Location: NE ¼ of the SW ¼ Section 25 Township 13N Range 03W County Humphreys
 Latitude: 32 56 35 Longitude 90 27 31

Dear Thomas Swarek:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

If you have any questions, please call YMD at 662-686-7712.

Sincerely,

Dillard Melton, Jr
 Permitting Director

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MAY 23 2016

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