· · · · · · · · · · · · · · · · · · ·	STATE '	WELL REPORT		
County: Sunflower	Part 1		For Office Use Only:	
Permit #: MS-GW-45356		riller's Log	Well #: <u>G182</u>	
oriller: Tommy Peacock	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309		Aquifer:	
Date drilling completed: 7/8/13			E-Log #:	
vate draing completed. V707.1		601)961-5210		
	(60	1)360-0535 (fax)		
State Law requires that this report				
Department at the above address w Well Owner Informati			hole Location	
(Landowner if borehole is not for			13 Longitude: 90 36 15	
owner Name: 5. and 0	Real Estate in	Latitude: 337 43 77 Lon	igitude:	
Mailing Address: 334 Highway			): Conventional Survey,	
			PS_X_, Survey-grade GPS	
Cleveland Ms	38732	NW 4 NW 4, Sec_	03 T ZIN R 040	
City State	Zip Code	Miles \wo	F Rulevilk	
Telephone No. ()		(Distance) (Direction)		
Location of the source of any surface we Wethod of dosing and volume of Chloric Logs run (circle all applicable): No log re Plame of organization running log(s):	ne used in drilling a	nd development: <u>Chlorively</u> na Ray Density Sonic Neutro	d in tank	
Seism	ic Survey Other (	describe)	·	
	- '	onstruction, skip the remainder	of this block	
Purpose of Well (circle all applicable):				
Other (describe):				
If a flowing well, method of flow regul	ation: Valve	Other (describe)		
Static Water Level:feet			]	
Method of measurement (circle one): S	teel tape Electric	tape Air line Other (describe):		
Well depth: $100$ Well grouted to a	depth of: しつ f	eet Type of grout (circle one):	Neat Cement Bentonite Mix	
Casing length: <u>6</u> 0 feet Ca	asing diameter:	10 inches Type of c	asing: PVC	

feet

Type of completion (circle all applicable): Gravel packed

Screen length: \_

Other (describe): \_

Top of lap pipe or reduction in casing: \_

Screen diameter: 10

Setting depth: From \_

\_feet

If telescoped or more than one screen, describe on next page

Form: OI WR-SWR-1A (4/13)

Type of screen:

\_feet to \_\_\_

Open hole

100

Natural Development

Underreamed

inches

Permit #: MS - GW - 45356  The sketch below only required for water wells  F well telescopes, show depths on sketch.  Fround Level  Sand + Clay 35'  Med Sand 10'  A sand + sgand 10'	Description of formations enc and boreholes, unless specific Description of Formations Encou Sand + Clay Med Sand + agued Coase Sand read 20 Coase sand	countered n ally exemp	From (depth) Ground level 35 45 55	d for all we
round Level  sond I Clay 35'  med sand 10'	Description of Formations Encour Sand & Clay  Med Sand & gavel  Coase Sand  Coase Sand	ntered	From (depth) Ground level 35 45 55	ons To (depth) 35 45
med sand 10'	Description of Formations Encoursed  Sand & Clay  Med Sond & gaved  Coase Sand  Tested Coase Sand	ntered	From (depth) Ground level 35 45 55	To (depth) 35 45
ound Level  and J clay 35'  med sand 10'	sand & day med sond & aquel coarse sond rester coarse sond		Ground level 35 45 55	35 45
med sand 10'	sand & day med sond & aquel coarse sond rester coarse sond		Ground level 35 45 55	35 45
med sand 10'	med sond to gravel coarse sound resolate coarse sound	Josel	45 55	45
med sand 10'	med and + aquel coarse sound resolvent coarse sound	Local	45 55	
med sand 10'	restate course sand	Lyavel	55	
,	restate conse sund	typel		60
,			(60)	90
sand + sgraud 10'			90	100
		·		
classe sand 5'				
park sand 4000 30'				
gravel 10'				
more than one screen, show location of each on sketch				L
1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow				
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				in the second
			×.	
			<b>*</b>	en <sup>®</sup>
andowner Name:				
HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Enviro	i, constructed, and completed in	accordance	e with all ann	licable
equirements of the mississippi bepartment of environal applicable, and state laws.		ppi Depart	ment of Health	regulation
applicable, and state laws.  Tommy Recerk Lic #3409	G/1 /12	ppi Depart	ment of Healtl	n regulation