	State W	ell Report	For Office Use Only:		
County: Tallahatchie	Part 1 - Driller's Log				
County: flatiation Critical	Mississippi Department of Environmental Quality		Aquifer: H 198		
Permit #: _ GW46285	Office of Land a	nd Water Resources	Well #:		
Driller: Will Yours		30x 10631 IS 39289-0631	L. S. Elevation:		
Date drilling completed: 4-18-10		961-5210			
Date drilling completed:		4-6938 (fax)	E-log #:		
State Law requires that this report	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	1 AAEROLDO	Medule Document		
(Landowner if borehole is not f	or a water well)	Latitude: 33. 57. 49	/" Longitude: 90° 23', 19"		
Owner Name Will Box	IN .	Method of Lat/Long (circle o			
Mailing Address:					
	3	USUS quad, Hand-heid	1 GPS Survey-grade GPS		
		NW 1/4 52 1/4 Sec 10	Twn ZYN Rng 2 W		
Summer M	5 28-15 1	Distance Direction	Nearest Town		
City Sta	ite Zip Code	Distance Direction Miles	of Sunner		
Telephone No. ()					
//	Well / Bore	ehole Data	1 1011		
Date drilling started: Well / Borehole Data Date drilling started:					
Location of the source of any surface water used for drilling: Local U, Lch Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable): No log fun Electric Gamrua Ray Density Sonic Neutron Other: Name of organization running log(s):					
Purpose of borehole (check one): Water WellGeotechnical/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): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe) Static Water I evel: 22 feet above or below (circle one) land surface Date measured: 4/18					
State Water Edver.					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: Well grouted to a depth of Siest Type of grout (circle one): Neat Cement Bentonite Mix Coging length: Type of casing:					
Casing tengui.					
2 /25					
Screen slot size: -050 inches Setting depth: From 0 feet to 105 feet					

Underreamed Telescoped

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

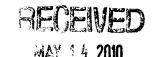
Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing: ___

Other (describe):

Form: OLWR-SWR-1A

Open hole Natural Development



The sketch	below	only	reauired	for	water	wells

If well telescopes, show depths on sketch.

Ground Level

Casing

Yo'

Screen

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

Description of Formations Encountered	From (depth)	To (depth)
(Hembo)	Ground Level	30
·		
Five Saud	30	34
Coarse Sand Gravel	·	0 - 40
Coalse Sand	45	105
Gravel		
	 	
	-	
		•
	- 	
	 	
	 	
L		لـــــــــــــــــــــــــــــــــــــ

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) a north arrow. Hwy 45E W
Sunver
well
Landowner Name: Will Bogan
Form: OLWR-SWR-1/

I 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

Print Name of Responsible Licensee and License No.

Date

Signature of License

RECEIVED
MAY 1 4 2010

BY: OLWR

	SIAIL W	ELL REPORT			
County: All a Natchic	I	Part 2	F-OF II O		
		's Completion Report	For Office Use Only:		
Permit #:		ent of Environmental Quality	Aquifer:		
Driller: Will Young		and Water Resources Box 10631			
Date completed: 4-18		MS 39289-0631	Well #:		
)961-5210	Florestions		
Copy information from block on Part 1	(601)3.	54-6938 (fax)	Elevation:		
This part of the report must be completed by report must be attached and both parts filed	v a licensed water well with the Department	contractor or a licensed pump in at the above address within 30 da	staller. A copy of Part 1 of the		
Well Owner Informatio	n		Location		
Owner Name: Will Bagan		Latitude: 33 57 44 Longitude: 90 23 19			
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,			
PO BOX 313		USGS quad, Hand-held GPS, Survey-grade GPS			
Sumner Ms City State	38 757	NW 1/2 SE 1/2 Sec 10 Taan R ZW			
Sity State	Elp Code	Distance Direction	Nearest Town		
Telephone No. ()_		Milesof			
P T					
Pump Type Circle one		i	er Type de one		
C dole one		Circ	tie one		
Air Lift Jet &	ubmersible	Diesel Engine Gasoline	Engine Natural Gas		
Bucket Piston T	urbine (Electric Motor Hand	Tractor PTO		
Centrifugal Rotary F	lowing Well	Windmill Other (sp			
Other (specify):		Horse Power Rating of Motor:	25		
Date Pump Installed: 4-20		Setting Depth: 75			
1100	llons Per Minute	Number of Stages:	·		
Pump Test Data		Method of Meas	aring Water Level		
Date Well Tested: 4-20			le one		
20	ow Land Surface	Air Line Electric Measur	ing Line teel Tape		
フ ー	ow Land Surface	Other (specify):			
	ow Land Surface	For flowing well, measured shut	in head: feet		
1/00		110-	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		
I HEREBY CERTIFY that the above statements	are true to the best of	my knowiedige			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Instal	ler		
		0, (Form: OLWR-SIMP 1B		

Form: OLWR-SIMP 18 4 2010