			ell Report		For Office Use Only:	
anty: Bolivar Part 1 - D		Driller's Log		Aquiter:		
ermit # GW-46	GW-16598 / Mississippi Department				Well #: 5160	
<u> </u>	on Equipment		nd Water Resourc Box 2309	es	L.S. Elevation:	
ate drilling completed			MS 39225		E-log #:	
ate driling completed			961-5210		E-10g #.	
		(601) 96	1-5228 (fax)			
S	tate Law requires t	hat this report be prepared	by the license hold	der responsib	le for the work and filed with the	
		bove address within 30 day		f drilling of th	e well or borehole.	
·	Information on V			Well or	Borehole Location	
(Landor	2	not for a water well)				
Wher Name	wner Name T & R Richard Farms		Latitude: <u>33</u>	<u>° 32 ' 4</u>	0 " Longitude: 90 ° 56 ' 00	
Mailing Address:	1925 Hwy 450		Method of Lat/L	ong (check one	e): Conventional Survey,	
				• • •	and-held GPS, Survey-grade GPS	
	Greenville	<u>Ms 38703</u>		W 1/4 Sec	<u>28</u> Twn <u>20N</u> Rng <u>7W</u>	
	City	State Zip code	NN N Distance	₩ Directio	on 33 Nearest Town	
Felephone No.	() -		7 Mi	les West	t of Choctaw	
			Borehole Data			
Date drilling starts	ed: <u>11/01/2012</u>	Date drilling completed: 11	/01/2012 H	Iole depth: 94	Hole diameter: 24"	
eastion of the on	area of ony curface y	nter used for drilling: Surfac	ve Water			
Location of the so	and volume of Chlor	ater used for drilling: Surfac	ce Water ment: 50 PPM			
Method of dosing	and volume of Chlor	ine used in drilling and develop	ment: 50 PPM			
Aethod of dosing .ogs run (check a	and volume of Chlor	ine used in drilling and develop	ment: 50 PPM ma Ray Density	1] Neutron 🔲 Other:	
Method of dosing Logs run (check a Name of organiza	and volume of Chlor Il applicable): 🛛 N	ine used in drilling and develop a log run 🔲 Electric 🔲 Gami	ment: 50 PPM		Neutron Other:	
Method of dosing Logs run (check a Name of organiza	and volume of Chlor Il applicable): 🛛 N tion running log(s): ble (check one): 🖾	ine used in drilling and develop o log run 🔲 Electric 🔲 Gamu Water Well 🔄 Geotechnic Seismic Survey 🗌 Other	ment: <u>50 PPM</u> na Ray Density cal/Geological Inves (<i>describe</i>)	tigation	Ground Source Heat Pump	
Method of dosing .ogs run (check a Name of organiza	and volume of Chlor Il applicable): 🛛 N tion running log(s): ble (check one): 🖾	ine used in drilling and develop o log run 🔲 Electric 🗌 Gamu Water Well 🔲 Geotechnic	ment: <u>50 PPM</u> na Ray Density cal/Geological Inves (<i>describe</i>)	tigation	Ground Source Heat Pump	
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground level					From (depth)	1.4.0
			Clay Fine Send		Ground level 19	10 29
			Fine Sand Fine Sand & Gr	avel	30	43
			Medium Sand &		44	92
			Clay		93	94
			*			
						<u> </u>
						1
						+
						1
			L	· · · · · · · · · · · · · · · · · · ·		1
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etch the property aid is 4) a andowner Name: rtify that the well/I sissippi Departmen	n locating the well; north arrow. <u>T & R Richar</u>	3) any roads, power li	nes, or other items that	it may aid in locating	Form: OLWR-S irements of the	wR-1A (C
etch the property aid is 4) a standowner Name: rtify that the well/l sissippi Departments. rick Chism	n locating the well; north arrow. <u>T & R Richan</u> borehole was drilled nt of Environmental 0695	3) any roads, power li d Farms , constructed, and comp Quality and the Mississ 11/30/20	nes, or other items tha leted in accordance w sippi Department of H	th all applicable require all regulations, if a	Form: OLWR-S irements of the	wR-1A (C
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STATE WELL REPORT

County:	Bolivar	
Permit #:	GW-465	98
Driller:	Irrigation	Equipment
Date drilli	ng completed:	11/01/2012
		n block on Part I

	Part 2				
Pump Installer's Completion Report					
	epartment of Environmental Quality				
Office	of Land and Water Resources				
	P.O. Box 2309				
	Jackson, MS 39225				
	(601) 961-5210				
	(601) 961-5228 (fax)				

For Office Use Only:				
Aquifer:				
Well #:	5160			
Elevation				

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

	Well Owner Inform	ation	Well Location		
Owner Name: T & R Richard Farms			Latitude: 33 32' 40.6 N Longitude: 90 56' 00.0 W		
Mailing Address	1925 Hwy 450		Method of Lat/Long (check one): Conventional Survey,		
			🔲 USGS quad, 🛛 Hand-held GPS, 🔲 Survey-grade GPS		
	Greenville	Ms 38703	SW 14 SW 14 Sec 28 T 20N R 7W		
	City	State Zip code	Distance Direction 33 Nearest Town		
Telephone No.	() -		7 Miles West of Choctaw		
L					
	Pump Type Check one		Power Type Check one		
🗌 Air Lift	🔲 Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket	Piston	Turbine	Electric Motor Hand Tractor PTO		
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):			Horse Power Rating of Motor: 60		
Date Pump Insta	illed: 11/21/2012		Setting Depth: 60 feet		
Rated Pump Cap	pacity	Gallons Per Minute	Number of Stages: 1		
	Pump Test Dat	a	Method of Measuring Water Level Check one		
Date Well Tester	d:		Air Line Electric Measuring Line Steel Tape		
Static Water Lev	vel (A):	Feet Below Land Surface	Other (specify):		
Pumping Water	Level (B):	Feet Below Land Surface			
Drawdown [(B)	- (A)]:	Feet Below Land Surface	For flowing well, measured shut in head: feet		
1	ate:		Well yielded GPM with a drawdown of		
Duration of Pum	np Test (minimum 4 hours):	hours	feet after hours of pumping		
This is for	(check one): Xev	v Well Replacer	nent of Existing Pump		
I HEREBY CEI	RTIFY that the above statem	ents are true to the best of m	ny knowledge.		
Patrick Chi	sm	0695	Pale		
Print Name of	Pump Installer and License	No. (if applicable)	Signature of Pump Installer		
			Form: OLWR-SWR-1C (07-09		

Come and date to France On 4 Dist. 044 DAD MADE Come On EDistration



