

County: Desoto  
 Permit #: GW-44443  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 7-16-10

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: S150  
 Well #: \_\_\_\_\_  
 I. S. Elevation: \_\_\_\_\_  
 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: <u>Rodney + Linda Bohlander</u> Mailing Address: <u>12650 Parker Road</u> <u>Dalhart Tx 79022</u> City State Zip Code Telephone No. ( ) _____	Latitude: <u>34.44586</u> Longitude: <u>90.11438</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad ( <u>Hand-held GPS</u> ) Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 7 Twn 4S Rng 9W</u> Distance Direction Nearest Town <u>10 Miles NE of Tunica</u>

**Well / Borehole Data**

Date drilling started: 7-16-10 Date drilling completed: 7-16-10 Hole depth: 214 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log 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): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-17-10

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 214 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 154 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: see back inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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)

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County: Desoto  
 Permit #: GW-44443  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-16-10  
 Copy information from check on Part 1

**STATE WELL REPORT**  
**Part 2**

Pump Installer's Completion Report  
 Mississippi Department 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: J750  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

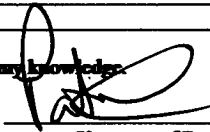
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Rodney &amp; Linda Bohlender</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12050 Parker Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Dalhant Tx 79022</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE ¼ SW ¼ Sec 7 T 45 R 9W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>10 Miles NE of Tunica</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-17-10</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2000 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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.  
 Patrick M Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)   
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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