

Issaquena

STATE WELL REPORT

County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 7-17-17

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 #: L91
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Moreland-Land LLC</u> Mailing Address: <u>P.O. Box 10</u> <u>Rolling Fork, Ms 39159</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____	Well or Borehole Location Latitude: <u>32°45'12.87"N</u> Longitude: <u>91°0'2.47"W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE ¼ SE ¼, Sec 37 T 11N R 8W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
---	--

Well / Borehole Data
 Date drilling started: 7-17-17 Date drilling completed: 7-17-17 Hole depth: 620 Hole diameter: 7 7/8"
 Location of the source of any surface water used for drilling: Well
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM HTH
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 13 feet [above or below] land surface Date measured: 7-17-17
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 600 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 570 feet Casing diameter: 4 x 3 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 3 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 570 feet to 600 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: 240 feet
If telescoped or more than one screen, describe on next page

RECEIVED
 JAN 24 2018
 BY OLWR

Issaquena

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: C91
Aquifer: _____

County: Sharkey
Permit #: _____
Driller: Charles M. Nichols
Date completed: 7-19-17
Copy information from block on Part 1

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>Moreland Land LLC</u>	Latitude: <u>32°45'12.87"N</u> Longitude: <u>91°0'2.47"W</u>
Mailing Address: <u>P.O. Box 10</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hollings Fork MS 39159</u>	<u>NE 1/4 SE 1/4, Sec 37 T 11N R 8W</u>
City State Zip Code	Miles of _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. () _____	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-19-17 Rated Pump Capacity: 18 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 2 Setting Depth: 84 feet Number of Stages: NA

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

RECEIVED
JAN 24 2018
BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Charles Z. Nichols 8221 12-18-17
 Print Name of Pump Installer and License No. (if applicable) Date
 Signature of Pump Installer



Legend

[Untitled]

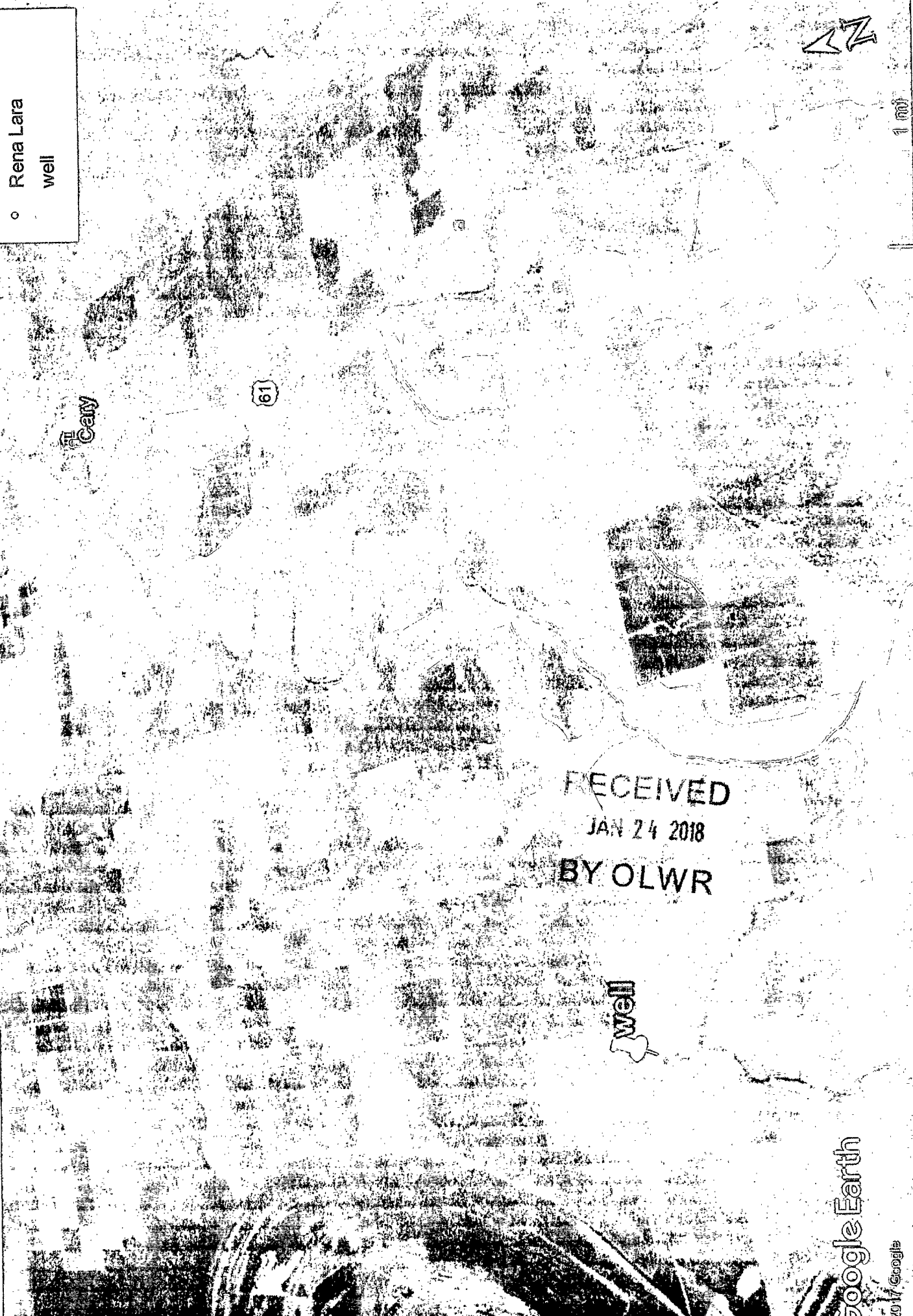
Number 66, Island

Rena Lara

well

Untitled Map

Write a description for your map.



RECEIVED
JAN 24 2018
BY OLWR

well