

Does not need part 2

136

STATE WELL REPORT

County: Leflore, MS
 Permit #: _____
 Driller: Roland W Tollett (RMO-00009026)
 Date drilling completed: 12-15-2016

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: E138
 Aquifer: _____
 E-Log #: _____

USGS site name: MDS-15

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.

<p>Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: _____</p> <p>Mailing Address: <u>USGS (driller)</u> <u>3095 W. California Ave</u> <u>Ruston LA 71270</u> City State Zip Code</p> <p>Telephone No. (<u>318</u>) <u>251-9630 (245-8639 cell)</u></p>	<p><input checked="" type="checkbox"/> Well or <input type="checkbox"/> Borehole Location</p> <p>Latitude: <u>33.656812</u> Longitude: <u>-90.210965</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>29</u> T <u>21 N</u> R <u>01 E</u></p> <p><u>1/4</u> Miles <u>N</u> of <u>Money, MS</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 12-15-16 Date drilling completed: 12-15-16 Hole depth: 60 ft bls Hole diameter: 3.25 in

Location of the source of any surface water used for drilling: none used

Method of dosing and volume of Chlorine used in drilling and development: none used

Logs run (check 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture other
 Other (describe): monitoring well to study the alluvial aquifer system (USGS partnership with ARS USDA)

If a flowing well, method of flow regulation: Valve _____ Other (describe) MDS-15

Static Water Level: 11.45 feet above or below land surface Date measured: 1/30/2017
 (check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 60 Well grouted to a depth of: 30 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.010 inches Setting depth: From 50 feet to 60 feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet

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

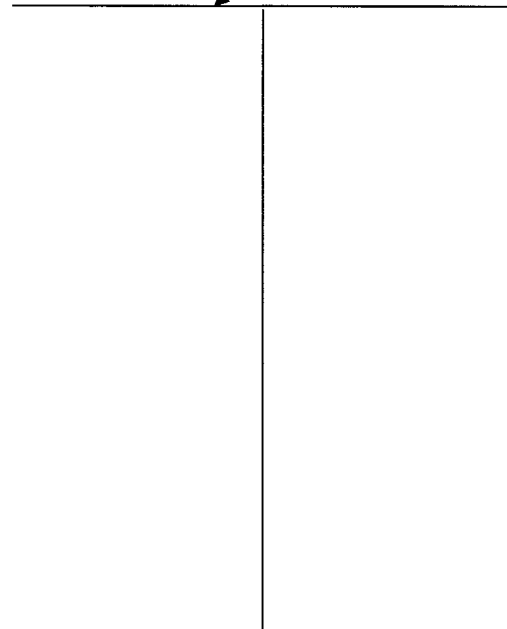
County: Leflore, MS
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 126.5 ft



If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Soil EC-log collected on 7/9/2018 borehole log MDEQ 083E0123		

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) north arrow

Landowner Name: _____

I HEREBY 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 laws.

Roland W Tollett (RMO-00009026) 02/28/2019 **ROLAND TOLLETT**
 Print Name of Responsible Licensee and License No. Date Digitally signed by ROLAND TOLLETT Date: 2019.03.01 16:44:17 -06'00'
 Signature of Licensee

