State V	Vell Report			
1 17 1	Driller's Log	For Office Use Only:		
Mississippi Departme	nt of Environmental Quality	Aquifer:		
PO	and Water Resources Box 2309	Well #: <u>G 152</u>		
	n, MS 39225	L. S. Elevation:		
i liste druling completed: "/ ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	961- 5210	L. S. Elevation;		
(601)90	1- 5228 (fax)	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		rehole Location		
(Landowner if borehole is not for a water well)	77 . 77 . 77	" Longitude: 0° 1(0°, 47"		
Owner Name Bledsoe Mantotion	Latitude: 33 0 3 1 3 3	" Longitude: // " [[6"]]"		
	Method of Lat/Long (circle or	e): Conventional Survey,		
Mailing Address: (C) (C) (C)	USGS quad, Hand-held	GPS, Survey-grade GPS		
Greenward Ms 38930	NEWSEN Sec 03	VTwn 20.0 Rng O[W		
City State Zip Code	Distance Direction	Nearest Town of Green Wood		
Telephone No. ()		or Cheen Water		
Well / Bore	hole Data			
Date drilling started: 42217 Date drilling completed: 423	-/3 Hole depth:	Hole diameter: 2810		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel				
Logs run (circle all applicable): No log run: Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron (Other:		
Purpose of borehole (check one): Water Well V Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe)			
If drilling is not related to water well construction	n, skip the remainder of this blo	<u>ck</u>		
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:feet above or below (circle one) !	and surface Date measured:	4-22-13		
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: 117 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Ceme	ent Bentonite Mix		
Casing length:feet Casing diameter:	_inches Type of casing:	puc		
Screen length: 40 feet Screen diameter: 16	_inches Type of screen:	pric		
Screen slot size:inches Setting depth: From	77 feet to 11	7feet		
Type of completion (circle all applicable): Gravel packed Under	earned Telescoped Open l	nole Natural Development		
Other (describe)				

Top of lap pipe or reduction in casing: _

Form: OLWR-SWPIE (P)PIVED

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

MAY **06** 2013

The	sketch	helow	only re	outred	for	water wells
2 31 1	31161611	ULLUTT	District .			17 365 DV 77 WELL

If well telesco Ground L	opes, show de	epths on sketch.	
	17		
	20		
	20		
i	3-0		
	20		
Sur	3-0		

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

Description of Formations Encountered	From (depth)	To (depth)
(oum bo	Ground Level	10
Sava	1).⇔	40
Course Sand	40	(0)
Sand + gravel	(+0	50
arayet)	8(100
ivave.	100	11-1
9. 3.		
V ****		
	†	
		<u> </u>
		
		
		
		
		
		
		
	<u> </u>	<u></u>

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 permanaid in locating the well; 3) any roads, power lines, or other items that may a	ent structures on the property that may id in locating the property and the well;
4) a north arrow.	\wedge
	۸/
	γ
44)	
412	
well of	
Well Roll	
7 82	
	Ogranizaca)
Dile. Of alding	
Landowner Name: 13/60/506 Plantation	
	Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the tol Quality and the Mississippi Department of Health regulations, if applicable, and state

Mississippi Department of Environmental Quality and	d the Mississippi Depa	riment of ricallit regulations, it appro-	17 Page 2000
laws.	// >> +2		RECEIVE
Joel Jumper 5317	4-12-13	gail g-114	-
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	MAY 06 2013

BY: OLWR

STATE WELL REPORT

County: LEFLORE Permit #: <u>GW-</u> 46970 Jumper Date completed: 4-22-13 Copy information from block on Part 1

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: Aquifer: ___

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D.	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.
Well Owner Information	· Well Location
Owner Name: <u>RIEDSOE PLANTATION</u>	Latitude: 33 • 37 · 33 • Longitude: 90 • 16 · 47 ·
Mailing Address: /b/b/ CR 516	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE 14 SE 14, Sec 03 T ZON R OIW
l	1/2 Miles N Of SHEUMOUNIS (Nearest Town)
Telephone No. (262) 299 - 8690	(Distance) (Direction) (Nearest Town)
Pump Typ	pe (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):
Date Pump Installed: 7-27-13 R	ated Pump Capacity:Z600Gallons Per Minute
Is This Pump (circle one): New Repaired Replacemen	t
	pe (circle one)
	dmill Other (describe):
Horse Power Rating of Motor: 275 Setting Depth	n:
Pump Test Data f	for Non Flowing Well
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours
Static Water Level (A): 24 Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface
	ace Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one) Steel tape Electric tap	
	a for Flowing Well
Measured shut in head:feet.	
Well yieldedGPM with a drawdown of	feet afterhours of pumping
, Meter Ir	nstallation
Meter Manufacturer: \sqrt{A}	Meter Serial Number:
	Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal >	
	HECEIVE
Is This Meter (circle one): New Repaired Replacemen	AUG 2 6 2013
Important: By submitting the above information you are cer For agricultural wells, a list of appr	rtifying that this meter was installed to manufacturer standards.
I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.
DANTO P. HOLT 0-757P	8-21-13 () (A)
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

Signature of Pump Installer

13.0015