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| STATE WELL  | REPORT   |  |  |  |  |
|---|--|--|--|--|--|
| county: Letlore Part 1  | For Office Use Only:   |  |  |  |  |
| Driller's   | Log Well #:  |  |  |  |  |
| Permit #: <u>SW = 97770</u><br>Driller: <u>T. NEWCONE 0.773</u><br>Mississippi Department of E<br>Office of Land and W  | ater Resources Aquifer:  |  |  |  |  |
| P.O. Box 2  | 309 E-Log #:   |  |  |  |  |
| Date drilling completed: 1.11.215 Jackson, MS 393<br>(601)961-5   |  |  |  |  |  |
| (601)360-053  |  |  |  |  |  |
| 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<br>(Landowner if borehole is not for a water well)   | Well or Borehole Location  |  |  |  |  |
|   | : 33 [8`03" Longitude: 090° 21`23``                                |  |  |  |  |
| Owner Name: Joe Oker TIL Method   | of Lat/Long (check one): Conventional Survey,                      |  |  |  |  |
| Mailing Address: 31345 Leflore County Rolling   | ad, Hand-held GPS, Survey-grade GPS                                |  |  |  |  |
| 533   | SLO SE SE X, Sec 35 T 17N RAW                                      |  |  |  |  |
| Belzoni MS 39038 The<br>City State Zip Code 55  |  |  |  |  |  |
|   | Miles <u>S</u> of <u>Morean</u> CITY<br>(Direction) (Nearest Town) |  |  |  |  |
| Telephone No. () (Distance  | e) (Direction) (nearest rown)                                      |  |  |  |  |
| Well / Borehole   | Data   |  |  |  |  |
| Date drilling started: 7.11.13 Date drilling completed: 7.11.1  | Hole depth: Hole diameter:   |  |  |  |  |
| Location of the source of any surface water used for drilling: $\underline{D}\Gamma$  | tett   |  |  |  |  |
| Method of dosing and volume of Chlorine used in drilling and develo   | opment: CHLOQINE TAIT(CT)  |  |  |  |  |
| Logs run (circle all applicable): No tog run Electric Gamma Ray   |  |  |  |  |  |
| Name of organization running log(s):  |  |  |  |  |  |
| Purpose of borehole (circle one): Water Well Geotechnical/Geole   | ogical Investigation Ground Source Heat Pump                       |  |  |  |  |
| Seismic Survey Other (describe  | )  |  |  |  |  |
| If drilling is not related to water well construct  | on, 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:feet [above or below] land surface Date measured:<br>(circle one)  |  |  |  |  |  |
| Method of measurement ( <i>circle one</i> ): Steel tape Electric tape Ai  |  |  |  |  |  |
| Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix   |  |  |  |  |  |
| Casing length: <u>LO</u> feet Casing diameter: <u>D</u> inches Type of casing: <u>PN</u>  |  |  |  |  |  |
| Screen length: 40 feet Screen diameter: 10  | inches Type of screen:   |  |  |  |  |
| Screen slot size:   |  |  |  |  |  |
| Type of completion (circle all applicable) Gravel packed Under  | rreamed Open hole Natural Development                              |  |  |  |  |
| Other (describe):   |  |  |  |  |  |
| Top of lap pipe or reduction in casing:feet   |  |  |  |  |  |
| If telescoped or more than one scre   | en, describe on next page  |  |  |  |  |

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

| County:   | Leflore  |
|-----------|----------|
| Permit #: | 60-47190 |

If well telescopes, show depths on sketch.

Ground Level

|      | For | Office | Use | Only: |
|------|-----|--------|-----|-------|
| Wall | #.  | Plai   |     |       |

The sketch below only required for water wells

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) Ground level TOP SOIL 0 CLAY 0 YN MIX 40 50 MED. FINE 50 MED. conesc SAND 60  $\Box$ COREJE SAND 20 110 150 100 D 112

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 permanent structures on the property that may aid in locating the well

10UF

40F

10"scen

10" CASINLS

3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow

EMA

Landowner Name:

JOHN

NEWCOME

Print Name of Responsible Licensee and License No

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.

Date

1.

Qu Signature of Licensee

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

| STATE WELL REPORT   |  |  |  |  |
|---|--|--|--|--|
| County: Lefore Part 2   | For Office Use Only:   |  |  |  |
| Permit #: <u>603 - 47190</u><br>Pump Installer's Completion Repor<br>Mississippi Department of Environmental Quali  | t  |  |  |  |
| Driller: S. Newcone 0-773 Office of Land and Water Resources  | cy weit #:   |  |  |  |
| Date completed: 7-11-13 P.O. Box 2309<br>Jackson, MS 39225-2309   | Aquifer:   |  |  |  |
| <u>Copy information from block on Part 1</u><br>(601)961-5210<br>(601) 360-0535 (fax)   |  |  |  |  |
| This part of the report must be completed by a licensed water well contractor or a licensed <u>of the report must be attached and both parts filed with the Department at the above addre</u> | pump installer. A copy of Part 1<br>ess within 30 days of well completion. |  |  |  |
| Well Owner Information We   | ell Location   |  |  |  |
| Owner Name: Joe Loker TIL Latitude: 33 18 07  | SLongitude: 90 21 23   |  |  |  |
| Mailing Address: 31845 Leflore (curry Method of Lat/Long (check   | one): Conventional Survey,   |  |  |  |
|   | d GPS_X, Survey-grade GPS  |  |  |  |
|   | ec 25 T 17N R 21   |  |  |  |
| City State Zip Code   | -  |  |  |  |
| Telephone No. ()  | of Merson City<br>(Mearest Town)   |  |  |  |
| Pump Type (circle one)  |  |  |  |  |
| Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other   | (describe):  |  |  |  |
| Date Pump Installed: Rated Pump Capacity:   | ロークロン Gallons Per Minute   |  |  |  |
| Is This Pump (circle one): (New) Repaired Replacement   |  |  |  |  |
| Power Type (circle one)   |  |  |  |  |
| Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other ( <i>describe</i> ):  |  |  |  |  |
| Horse Power Rating of Motor: 15 Setting Depth: 72 feet Num  | nber of Stages:  |  |  |  |
| Pump Test Data for Non Flowing Well   |  |  |  |  |
| Date Well Tested:   |  |  |  |  |
| Static Water Level (A): Feet Below Land Surface Pumping Water Level (B)   | B): Feet Below Land Surface  |  |  |  |
| Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:   |  |  |  |  |
| Method of measurement (circle one): Steel tape Electric tape Air line Other (describ  | pe):   |  |  |  |
| Pump Test Data for Flowing Well   |  |  |  |  |
| Measured shut in head:feet. Nod Tosted  |  |  |  |  |
| Well yielded GPM with a drawdown of feet after  | hours of pumping   |  |  |  |
| A Meter Installation  |  |  |  |  |
|   | :  |  |  |  |
|   |  |  |  |  |
| Meter Model Number/Name V V V V V V V V V V V V V V V V V V V   |  |  |  |  |
| Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):   |  |  |  |  |
| Installation Date: Meter installed by:<br>Is This Meter ( <i>circle one</i> ): New Repaired Replacement   |  |  |  |  |
| Important: By submitting the above information you are certifying that this meter was i   | nstalled to manufacturer standards   |  |  |  |
| <i>Important:</i> By submitting the above information you are certifying that this meter was a<br>For agricultural wells, a list of approved meters is on the MDE                             | Notation in Manufacturer Standards.<br>20 website.                         |  |  |  |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  |  |  |  |  |
| Habbard Stephens 741-P 8.26.13 That   | LIST   |  |  |  |
| Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date S  | ignature of Pump Distaller   |  |  |  |

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