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County:	Leflore	
Permit #:	GW-49291	
Driller: Irrigation Equipment, Inc.		
Date drilli	ng completed:	5-25-16

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

For	Office Use Only:
Well #:	P198
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the license holder responsible Department at the above address within 30 days of completion of drilling of the state of the				
Well Owner Information Well (Landowner if borehole is not for a water well)	or Borehole Location			
Owner Name: Leflore County School District Latitude: 33 20' 21.	2" Longitude: 90 17' 49.1"			
Mailing Address: 1901 Highway 82 West Method of Lat/Long (ch	neck one):			
USGS quad, ⊠ Ha	nd-held GPS, Survey-grade GPS			
	<u>Nt</u> ¼, Sec <u>16</u> T <u>17N</u> R <u>1W</u>			
City State Zip code Telephone No. () - Miles	SE of Morgan City			
(Distance)	(Direction) (Nearest Town)			
Well / Borehole Data	***************************************			
Date drilling started: 5-25-16 Date drilling completed: 5-25-16 Hole dept	n: 138' 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 (check all applicable): ☑ No log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ S	onic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investig	ation Ground Source Heat Pump			
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the rel				
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ Public Supply ☒ Irrigation				
☐ Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 16 feet [☐ above or ☒ below] land surface Date (check one)	e measured: 5-26-16			
Method of Measurement (check one) ☑ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe)			
Well depth: Well grouted to a depth of: feet Type of grout (check of	ne):			
Casing length: 98 feet Casing diameter: 16 inches	Гуре of casing: PVC			
Screen length: 40 feet Screen diameter: 16 inches	Type of screen: PVC			
Screen slot size:050 inches Setting depth: From99	feet to 138 feet			
Type of completion (check all applicable): Gravel packed Underreamed Open ho	•			
Other (describe):	eceived			
Top of lap pipe or reduction in casing: Feet	_			
If telescoped or more than one screen, describe on next Hall 2 9 2016 Form: OLWR-SWR-1A (4/13)				
Form provided by Forms On-A-Disk · 214-340-9429 · FormsOnADisk.com	By OLWR			

		or Office Use	Only:
County: Leflore	Well #: _	P198	
Permit #: GW-49291			
The sketch below only required for water wells	Description of formations encountered mu	st be provided for a	ll wells
If well telescopes, show depths on sketch.	and boreholes, unless specifically exempted	d by regulations	
Ground level	Description of Formations Encountered	From (depth)	To (depth)
	Clay	Ground level	22
	Fine Sand	23	54
	Fine Sand & Gravel	55	95
•	Med. Sand & Gravel	96	138
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If more than one screen, show location of each on sketch			.1
in more than one sereen, snow 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 m 3) any roads, power lines, or other items that may 4) a north arrow			
,	Re	ceive	4
	. 10		_ 4
	11.	JN 2 9 2016	
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	Ву	OLWR	
Landowner Name:			
Landowner Name:			
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environm if applicable, and state laws.	constructed, and completed in accordance with nental Quality and the Mississippi Department	Form: OLWR-S th all applicable of Health regulation	, ,
0695	6-24-16		
Print Name of Responsible Licensee and License No.		re of Licensee	
The state of the s	Signate		

County: Leftore Permit #: GW-49291 Driller: Irrigation Equipment, Inc.

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

STATE WELL REPORT

For Office Use Only:		
Well #:	\$198	
Aquifer:		

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

Copy information from block on Part 1

Date drilling completed: 5-25-16

(601) 360-0535 (fax) 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: Leflore County Schoool District Latitude: 33 20' 21.2" Longitude: 90 17' 49.1" Mailing Address: 1901 Highway 82 West Method of Lat/Long (check one):

Conventional Survey. ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS ___ ¼ ____ ¼, Sec <u>16</u> T <u>17N</u> R <u>1W</u> Greenwood 38930 City State Zip code **Morgan City** SE Telephone No. (Direction) (Nearest Town) (Distance) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 5-26-2016 Rated Pump Capacity: 2100+/- Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____ Feet **Heceived** GPM with a drawdown of hours of pumping Well yielded Meter Installation Meter Serial National Meter Manufacturer: Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: Installation Date: Is This Meter (check 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. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 6-24-16 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Date