

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
(601)961- 5210
(601)961- 5228 (fax)

County: Panola
Permit #: MS-6W-47341
Driller: TEDDY LODS
Date drilling completed: 10/24/13

For Office Use Only:
Aquifer: _____
Well #: P66
L. S. Elevation: _____
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Larry PRIDE</u>	Latitude: <u>34° 20' 9"</u> Longitude: <u>90° 5' 54"</u>
Mailing Address: <u>2780 Curtis Locke Station Road Batesville MS 38604</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4</u> Sec <u>01</u> Twn <u>09S</u> Rng <u>09W</u>
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>S</u> of Nearest Town <u>Batesville</u>

Well / Borehole Data

Date drilling started: 10/24/13 Date drilling completed: 10/24/13 Hole depth: 110 Hole diameter: 18

Location of the source of any surface water used for drilling: Nearest well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 10/24/13

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 70 feet to 60 110 feet

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

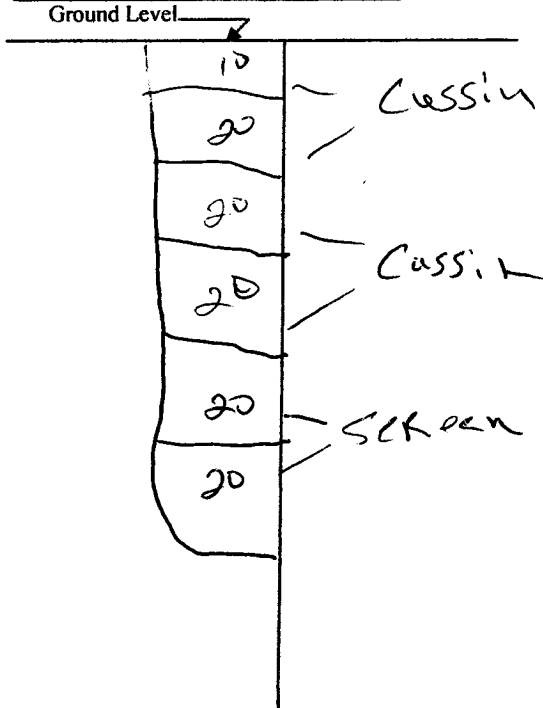
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	10
Cumulo	10	20
Cumulo	20	20
Sand	30	40
Sand	40	50
Sand	50	60
gravel	60	70
gravel	70	80
gravel	80	90
gravel	90	100
gravel	100	110

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

Landowner Name: Larry pride

REC'D 10/24/13
 NOV 28 2013
 BY: [unclear]

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 Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

TERRY COATS - # 5318 10/24/13
 Print Name of Responsible Licensee and License No. Date

Terry Coats
 Signature of Licensee

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
 (601)961-5210
 (601)961-5228 (fax)

County: Panola
 Permit #: MS-6W-47341
 Driller: TEDDY BOAT
 Date completed: 10/24/13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P66
 Elevation: _____

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>Larry Priddy</u>	Latitude: <u>34° 20' 9"</u> Longitude: <u>90° 5' 54"</u>
Mailing Address: <u>2780 Curtis Locke</u> <u>Station Road</u> <u>Batesville MS 38606</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 NW 1/4 Sec 01 T 09 S R 09 W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. () _____	<u>8</u> Miles <u>S</u> of <u>Batesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 HP</u>
Date Pump Installed: <u>10/24/13</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>single</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/24/13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>800</u> GPM with a drawdown of
Test Pumping Rate: <u>800</u> Gallons Per Minute	<u>20</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TEDDY BOAT # 5218 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer