

County: Panola
 Permit #:
 Driller: TEDDY COATS
 Date drilling completed: April 17 - 2017

State Well Report
Part I - 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)

160
 For Office Use Only:
 Aquifer:
 Well #: U 107
 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) Owner Name <u>Braid Alexander</u> Mailing Address: <u>10135 Hwy 35</u> <u>Batesville MS 38606</u> City State Zip Code Telephone No. ()		Well or Borehole Location Latitude: <u>34° 10' .44"</u> Longitude: <u>90° 07' .45"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>30</u> Twn <u>27N</u> Rng <u>2E</u> Distance Direction Nearest Town <u>1/4</u> Miles <u>E</u> of <u>Crowder</u>
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Well / Borehole Data

Date drilling started: 4-17-2017 Date drilling completed: 4-17-2017 Hole depth: 100 Hole diameter: 24

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: Wash Rack

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

Static Water Level: 20 feet above below (circle one) land surface Date measured: 4-17-2017

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: P.V.C

Screen length: 20 feet Screen diameter: 4 inches Type of screen: P.V.C

Screen slot size: 0.13 inches Setting depth: From 0 feet to 60 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*

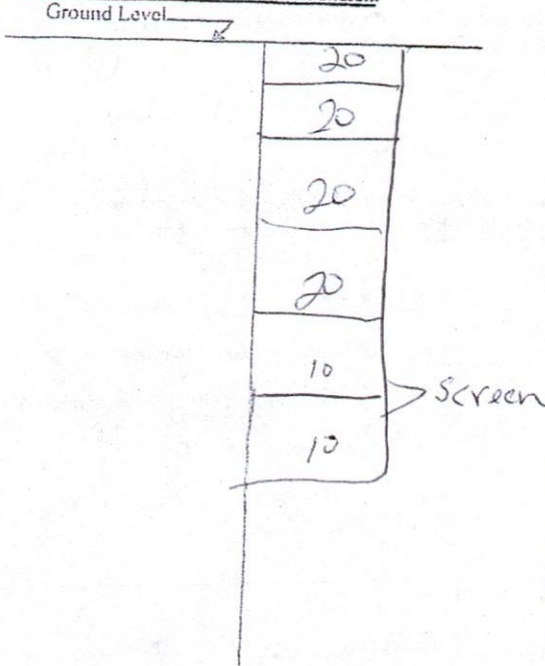
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

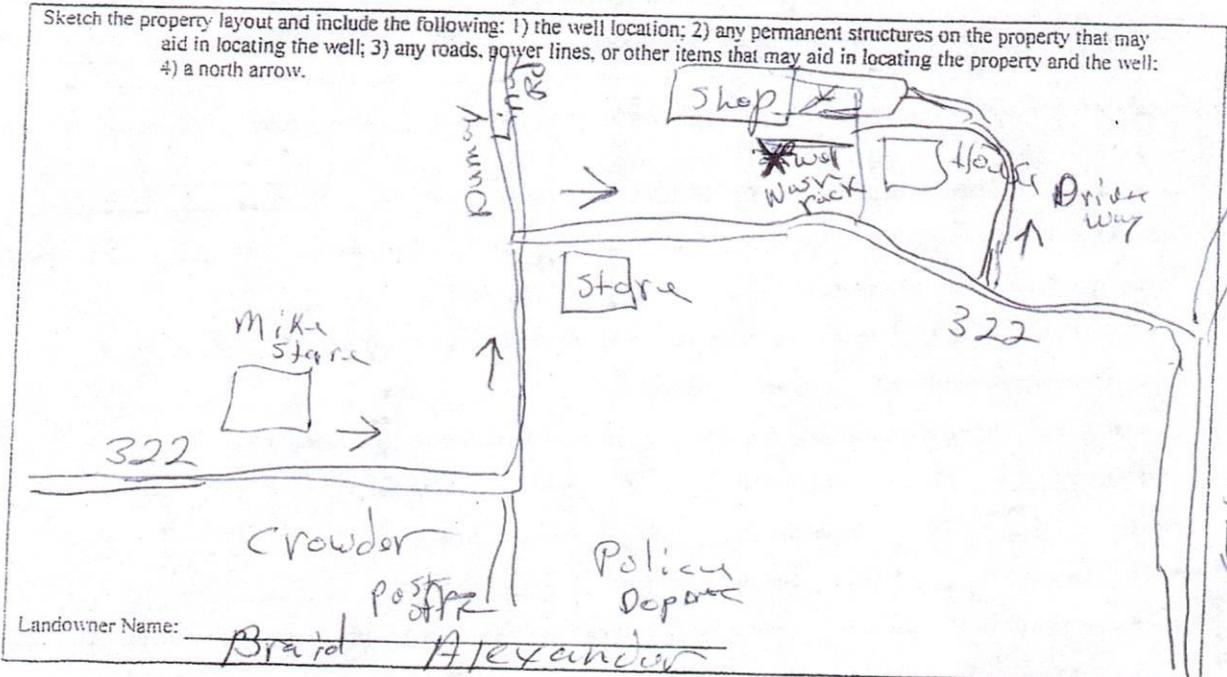
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	10
Dirt	10	20
Sand Dirt	20	30
Sand dirt	30	40
Sand	40	50
Coars sand Grav	50	60
Coars sand Grav	60	70
Gravel	70	80
Gravel	80	90
Gravel	90	100

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



Form: OI.WR-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.

Print Name of Responsible Licensee and License No. TERRY LOTT #5118 Date 4-17-2017 Signature of Licensee Terry Lott

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Panola

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 #: _____
 Driller: TEDDY Coats
 Date completed: 4-17-2017
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: U 107
 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>Braid Alexander</u>	Latitude: <u>34.1044</u> Longitude: <u>90.9745</u>
Mailing Address: _____	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
_____	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>30</u> T <u>21N</u> R <u>2E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>1.9</u> Miles <u>E</u> of <u>Crowder</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> 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 <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2 stages</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-17-2017</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>400</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY Coats #5318
 Print Name of Pump Installer and License No. (if applicable)

Teddy Coats
 Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)