

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Eldredge Well Service  
 Date drilling completed: 8-14-15

**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)

For Office Use Only:

Aquifer: K193  
 Well #: \_\_\_\_\_  
 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.*

<p align="center"><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Phil Roth</u>        Mailing Address: <u> Hwy 51</u>        _____  <u>Chatanga MS</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 2' 40.5"</u> Longitude: <u>90° 28' 45.4"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SW 1/4 Sec 14 Twn 1N Rng 7E</u>        Distance Direction Nearest Town        _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 8-14-15 Date drilling completed: 8-14-15 Hole depth: 135' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 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: 60' feet above or below (circle one) land surface Date measured: 8-14-15  
 Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_

Well depth: 135' Well grouted to a depth of 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 125' feet Casing diameter: 4" inches Type of casing: PCC  
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PCC  
 Screen slot size: .010 inches Setting depth: From 125' feet to 135' feet

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

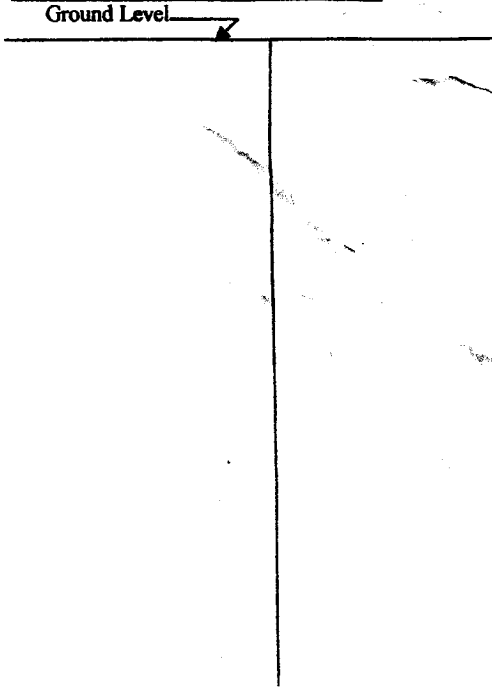
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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	
Clay	0	20
gravel	20	40
Sand	40	80
Fluvial	80	110
Coarse sand	110	135

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: Danny Price

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.

Brad Fitzgerald      029      8-14-15      Brad Fitzgerald

Print Name of Responsible Licensee and License No.      Date      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: Pete  
 Permit #: \_\_\_\_\_  
 Driller: Edgewald Well Service  
 Date completed: 8-14-15  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K193  
 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>Phil Roth</u>	Latitude: <u>31°2'40.5"</u> Longitude: <u>90°28'45.4"</u>
Mailing Address: <u> Hwy 51</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Charlana MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R
Telephone No. ( ) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-14-15</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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

This is for (circle one):  New Well    Replacement of Existing Pump    Repair of Existing Pump

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

Edgewald    029    [Signature]  
 Print Name of Pump Installer and License No. (if applicable)    Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

AUG 31 2015

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