MAY 26 2016

County:	Pike			
Permit #	WATER	WELL	&	SUPPLY,
Driller: - Date dri	ENC . Iling comp	leted: S	-9	1-16

Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: Michael Scott Roberts

## 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)

Latitude:31

For Office Use I WR

Well #: Aquifer: \_\_\_\_\_\_

E-Log #: \_\_\_\_\_

Well or Borehole Location

.50 Congitude: 90°

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.

Mailing Address:	Method of Lat/Long (check one): Conventional Survey,		
3012 Farton Rd	USGS quadHand-held GPS, Survey-grade GPS		
Magnolic, Ms. 39652 City State Zip Code	NW 1/SE 14, SEE 16 TIN R 7E		
City State Zip Code	2 Miles W of Chatawa		
Telephone No. ( <u>601</u> ) <u>249-8859</u>	(Distance) (Direction) (Nearest Town)		
Well / B	orehole Data		
	<u>5-9-16</u> Hole depth: <u>220</u> Hole diameter: <u>7</u>		
Location of the source of any surface water used for drilli	ng:		
Method of dosing and volume of Chlorine used in drilling a	and development: Mudpit + grave/pack		
Logs run (circle all applicable). No log run Electric Gami	ma Ray Density Sonic Neutron Other:		
Name of organization running log(s):			
Purpose of borehole (circle one): Water-Wett Geotechn	ical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (describe)			
If drilling is not related to water well o	construction, 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 tbelow (circle one)	valend surface Date measured: 5-9-16		
Method of measurement (circle one): Steel tape	tape Air line Other (describe):		
Well depth: 210 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Sentonite Mix		
Casing length: 200_feet Casing diameter:	inches Type of casing: PVC		
Screen length: 10 feet Screen diameter: _	1 inches Type of screen:		
Screen slot size:inches Setting depth	: From <u>200</u> feet to <u>210</u> feet		
Type of completion (circle all applicable): Grayel packed	Underreamed Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet			
IJ telescoped or more than	one screen, describe on next page  Form: OLWR-SWR-1A (4/13		

Permit #:			j	or Office Use	
he sketch below only re	guired for water wells	Description of formations	s encountered	must be provide	ed for all
well telescopes, show a		and porenoles, unless spe	cifically exem	pted by regulati	ons
round Level		Description of Formations E	ncountered	From (depth) Ground level	To (dep
		CACY		Ground tevet	23
		sand		23	37
		clay		37	40
		streaks		40	70
		Sand & grav	rel	70	210
		red clay		210	220
All and a second a					
1		•			
tch the property layout and 1) the well location	_	N			
tch the property layout and 1) the well location 2) any permanent structur	include the following: es on the property that may a or other items that may aid in	n locating the property and the w		-55	
ch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow	include the following: es on the property that may a or other items that may aid in  Chatawa  Chatawa  ael Scott Rok	well x Dhou y dr	se	-55	
ch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow	include the following: es on the property that may a or other items that may aid in the control of the control	well x Dhow Adr	in accordance	with all application of Health re	able egulations

## Received

MAY **2 6** 2016

## STATE WELL REPORT

County:

Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

For Office Use By:O	LWR
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DONE OF THE PROPERTY OF THE PR Office of Land and Water Resources SUPPLY, INC. P.O. Box 2309 Jackson, MS 39225-2309 Aquifer: \_\_\_\_ Copy information from block on Part 1 (601)961-5210 (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 Location Well Owner Information <u> 509</u> Longitude: <u>90029</u> Latitude:31 Owner Name: M Method of Lat/Long (check one): Conventional Survey\_ Mailing Address: USGS quad\_\_\_\_\_, Hand-held GPS\_\_\\_X, Survey-grade GPS\_ State MACUA Telephone No. 100 (Nearest Town) (Distance) (Direction) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Rated Pump Capacity: \_\_\_ Date Pump Installed: \_\_\_ Is This Pump (circle one): (New) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_ Horse Power Rating of Motor: Setting Depth: \_ feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: 5 Duration of Pump Test (minimum 4 hours): Pumping Water Level (B): Static Water Level (A): 35 Feet Below Land Surface Feet Below Land Surface (0 Test Pumping Rate: \_\_\_\_ Gallons Per Minute Feet Below Land Surface Drawdown [(B) - (A)]: \_ Method of measurement (circle one): Steel tape( Electric tape) Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: \_\_ \_feet. GPM with a drawdown of feet after hours of pumping Well vielded-Meter Installation Meter Serial Number: \_ Meter Manufacturer: Type of Meter: Meter Model Number/Name: \_\_\_\_\_ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):\_\_\_ Installation Date: \_\_\_\_ Meter installed by:

I HEREBY CERTIFY that the above statements are true to the	best of my knowle	edge.
	5-10-16	Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer
		Form: O! W/D_CW/D_1R / / / /

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.

Replacement

Is This Meter (circle one). New Repaired

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