

County: Tallahatchee  
 Permit #: 46936  
 Driller: Joel Jumper  
 Date drilling completed: 3-2-13

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: P82  
 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>Brian Roberson</u>	Latitude: <u>33° 50' 12"</u> Longitude: <u>90° 09' 24"</u>
Mailing Address: <u>204 North Panda</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Charleston</u> <u>Ms</u> <u>38921</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 26</u> <u>Twn 23N</u> <u>Rng 01E</u>
Telephone No. ( ) _____	Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Tipso</u>

**Well / Borehole Data**

Date drilling started: 3-2-13 Date drilling completed: 3-2-13 Hole depth: 120 Hole diameter: 28 in

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: 19 feet above or below (circle one) land surface Date measured: 3-2-13

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 150 inches Setting depth: From 80 feet to 78 120 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-1 (6/08) **RECEIVED**

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

County: <u>TALLAHATCHIE</u>
Permit #: <u>GW-46936</u>
Driller: <u>JOEL JUMAR</u>
Date completed: <u>3-2-13</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>P82</u>
Aquifer: _____

*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>BRIAN ROBERSON</u>	Latitude: <u>33° 50' 12"</u> Longitude: <u>90° 09' 24"</u>
Mailing Address: <u>204 N PANOLA</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CHARLESTON</u> <u>MS</u> <u>38921</u>	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>24</u> T <u>23N</u> R <u>01E</u>
City State Zip Code	<u>7.8</u> Miles <u>E</u> of <u>GLENORA</u>
Telephone No. <u>(602) 458-6799</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible <input checked="" type="radio"/> Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>4-11-13</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New Repaired Replacement

Power Type (circle one)
Electric <input checked="" type="radio"/> Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: <u>N/A</u>
Is This Meter (circle 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>DAVID P. HOLT 0-752P</u>	<u>4-16-13</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

BY: OLWR

12-1192