<b>T</b> = 11 = 1. = 4 = 4. * -	STATE WELL	REPORT		Office Use Only:	
County: Tallahatchie	Part 1 Driller's Log		Well #:	P85	
Permit #: <u>GW-46961</u>	Mississippi Department of En	vironmental Q			
Driller: Irrigation Equipment	Office of Land and Wat P.O. Box 23		E-Log #:		
Date drilling completed: 08/26/2013	Jackson, MS 3922 (601) 961-52	25-2309 10	L		
	(601) 360-0535	<b>、</b> ,			
State Law requires that this report Department at the above address w					
Well Owner Informa (Landowner if borehole is not fo	tion		ll or Borehole Lo		
Owner Name: Anthony Allison	· /	e: <u>33 53' 09.</u>	6 N Longitu	de: 90 10' 13.9 W	
Mailing Address: P.O. Box 56		of Lat/Long (cl	heck one): 🔲 (	Conventional Survey,	
	Usg	S quad, 🛛 Ha	Ind-held GPS, 💭	Survey-grade GPS	
Tippo Ms	38962		<u>SW</u> ¼, Sec <u>02</u> T	23 N R 1 E	
City Stat Telephone No. ( ) -	e Zip code 2	N W Miles	South of	Tippo	
		ance)	(Direction)	(Nearest Town)	
	Well / Borehole Da	ita			
Date drilling started: 08/26/2013	ate drilling completed:	13 Hole dept	h: <b>98</b> H	Hole diameter: 18"	
Location of the source of any surface wa	ter used for drilling: Surface W	/ater			
Method of dosing and volume of Chlorine	used in drilling and development:	50 PPM			
Method of dosing and volume of Chlorine Logs run (check all applicable): 🛛 No log			ionic 🗌 Neutron	Other:	
Logs run (check all applicable): 🛛 No log			ionic 🗌 Neutron	Other:	
Logs run (check all applicable): 🛛 No log Name of organization running log(s):	g run 🔲 Electric 🔲 Gamma Ray [	] Density [] S			
Method of dosing and volume of Chlorine Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	g run 🔲 Electric 🔲 Gamma Ray [	] Density [] S		Other:      Other:  nd Source Heat Pump	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	g run 🔲 Electric 🔲 Gamma Ray [	Density [] S			
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S	g run 🗌 Electric 🗌 Gamma Ray [ /ater Well 🛛 🗍 Geotechnical/Geo	Density [] S Dological Investig	gation 🔲 Grou	nd Source Heat Pump	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗆 S <i>If drilling is not rel</i>	g run  Electric  Gamma Ray	Density DS Dological Investig scribe) n, skip the re	gation	nd Source Heat Pump	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	g run  Electric  Gamma Ray	Density DS Dological Investig scribe) n, skip the re	gation	nd Source Heat Pump	
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Logs run (check all applicable):	g run 🗌 Electric 🗌 Gamma Ray [ dater Well 📄 Geotechnical/Geo seismic Survey 📄 Other (de dated to water well construction Home 🗋 Industrial 🗌 Public Sup	Density [] S Dological Investig scribe) n, skip the re ply [2] Irrigation (describe)	gation	nd Source Heat Pump	
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Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W <i>If drilling is not rel.</i> Purpose of Well ( <i>check all applicable</i> ): Purpose of Well ( <i>check all applicable</i> ): Other ( <i>describe</i> ): of a flowing well, method of flow regulation Static Water Level:f Method of Measurement (check one) Well depth: <u>98</u> Well grouted to a Casing length: <u>58</u> feet	g run Electric Gamma Ray   gater Well Geotechnical/Geo   seismic Survey Other (de   ated to water well construction   Home Industrial   Home Industrial   Public Sup   n: Valve   (check one)   Steel tape   Electric tape   Air I   depth of: 10   Casing diameter: 12	☐ Density [] S ological Investig scribe) n, skip the re ply ⊠ Irrigation (describe) urface Da ine [] Other: (i f grout (check of inches	gation	nd Source Heat Pump	
Logs run (check all applicable):  Name of organization running log(s): Purpose of borehole (check one):  V  I  I  I  I  I  I  I  O  Cher (describe): If a flowing well, method of flow regulation Static Water Level: f  Method of Measurement (check one)  Well depth: 98 Well grouted to a Casing length: 58 feet Screen length: 40 feet	g run Electric Gamma Ray   gater Well Geotechnical/Geo   seismic Survey Other (de   ated to water well construction   Home Industrial   Home Industrial   Public Sup   n: Valve   (check one)   Steel tape   Electric tape   Air I   depth of: 10   Casing diameter: 12	□ Density □ S ological Investig scribe) n, skip the re ply ⊠ Irrigation (describe) urface Da ine □ Other: (i f grout (check of inches inches	gation	nd Source Heat Pump	
Logs run (check all applicable):  Name of organization running log(s): Purpose of borehole (check one):  V  I  I  I  I  I  I  I  O  Cher (describe): If a flowing well, method of flow regulation Static Water Level: f  Method of Measurement (check one)  Well depth: 98 Well grouted to a Casing length: 58 feet Screen length: 40 feet	g run Electric Gamma Ray   gater Well Geotechnical/Geo   iseismic Survey Other (de   ated to water well construction   Home Industrial   Home Industrial   Public Sup   n: Valve   Other   eet [] above or   below] land su   (check one)   Steel tape   Electric tape   Air H   depth of: 10   feet Type of   Casing diameter: 12   Screen diameter: 12   nches Setting depth:	□ Density □ S ological Investig scribe) n, skip the re ply ⊠ Irrigation (describe) urface Da ine □ Other: (i f grout (check of inches inches 59	gation	Ind Source Heat Pump	
Logs run (check all applicable):  Name of organization running log(s): Purpose of borehole (check one):  W  I S If drilling is not rel. Purpose of Well (check all applicable): Other (describe): I Other (describe): I I of a flowing well, method of flow regulation Static Water Level:f Method of Measurement (check one) Well depth: 98 Well grouted to a Casing length: 58 feet Screen length: 40 Feet Screen slot size: .050 For the state is Case of completion (check all applicable)	g run Electric Gamma Ray   gater Well Geotechnical/Geo   iseismic Survey Other (de   ated to water well construction   Home Industrial   Home Industrial   Public Sup   n: Valve   Other   eet [] above or   below] land su   (check one)   Steel tape   Electric tape   Air H   depth of: 10   feet Type of   Casing diameter: 12   Screen diameter: 12   nches Setting depth:	□ Density □ S ological Investig scribe) n, skip the re ply ⊠ Irrigation (describe) urface Da ine □ Other: (i f grout (check c inches inches 59 ed □ Open ho	gation Grou mainder of this mainder of this describe) mainder of this mainder of this mainder of this mainder of this mainder of this describe) mainder of this mainder of this mainder of this mainder of this describe) mainder of this mainder of	Ind Source Heat Pump	

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	For Office Use Only:
Well #:	P85

The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Tallahatchie
Permit #: GW-46961

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Ground level

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)
Clay	Ground level	22
Fine Sand	23	38
Fine Sand & Gravel	39	55
Medium Sand & Gravel	56	94
Clay	95	98
	L	

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

	· · · · · · · · · · · · · · · · · · ·	······	_
Sketch the property layout and include the following:			1
1) the well location			
<ol><li>any permanent structures on the property that ma</li></ol>			
3) any roads, power lines, or other items that may a	d in locating the prop	erty and the well	
4) a north arrow			
			1
Landowner Name: Anthony Allison			
Landowner Name		·	
		Form: OLWR-SWR-1A (04/08	1
I HEREBY CERTIFY that the well/borehole was drilled, co	onstructed, and com		<b>'</b>
requirements of the Mississippi Department of Environme	ntal Quality and the	lississippi Department of Health regulations,	
if applicable, and state laws.	•		
Patrick Chism	10/08/2013		
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	IS I'L
		Form: OLWR-SWR-1A (4/13)	

STATE WELL REPO	DRT
County: TALLA HATCUSS Part 2	For Office Use Only:
Permit #: <u>Guo- 40961</u> Pump Installer's Completic Mississippi Department of Environm	on Report
Driller: <u>26,210,1720</u> COLLEMEN Office of Land and Water Res	
Date completed: P.O. Box 2309 Jackson, MS 39225-230	9 Agutfer:
<u>Copy information from block on Part 1</u> (601)961-5210	
(601) 360-0535 (fax)	
This part of the report must be completed by a licensed water well contractor of of the report must be attached and both parts filed with the Department at the	or a licensed pump installer. A copy of Part 1 above address within 30 days of well completion
Well Owner Information	Well Location
Owner Name: TER FARMS Latitude: 330	53.08** Longitude: 90 - 10. 13.
20 20:0	Long (check one): Conventional Survey,
	_, Hand-held GPS, Survey-grade GPS
	542 14, Sec DZ_ T_Z3A/ R_O/E
Telephone No. (262) 647- (Distance)	(Direction) (Nearest Town)
Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Ro	
Date Pump Installed: <u>9-6-/3</u> Rated Pump Capa	city:/ 200Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement	
Power Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (des	(cribe):
Horse Power Rating of Motor: 30 Setting Depth: 110	feet Number of Stages:
Pump Test Data for Non Flowing	Well
Date Well Tested: Duration of Pun	np Test ( <i>minimum 4 hours</i> ); hours
Static Water Level (A): Feet Below Land Surface Pumping Water	er Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pum	ping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Oth	
Pump Test Data for Flowing W	'ell
Measured shut in head:feet.	
Well yielded GPM with a drawdown of feet_after	hours of pumping
, Meter Installation	
	al Number
	al Number:
	eter;
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	
Installation Date: Meter installed by:	
Is This Meter (circle one): New Repaired Replacement	
Important: By submitting the above information you are certifying that this m For agricultural wells, a list of approved meters is on	neter was installed to manufacturer standar <del>is</del> .
I HEREBY CERTIFY that the above statements are true to the best of my know	
	(
Print Name of Pump Installer and License No. (if applicable) Date	Signature of Duling Installing
DBLE	Signature of Pump Installer Form: OLWR-SWR-18 (4/13)
	13.034W
	13.07