	State W	ell Report		
County: Tate	Part 1 – Driller's Log			
Permit #: GW 45434 √	Mississippi Department of Environmental Quality Aquifer.			
Permit #: GW 43434 V Irrigation Equipment	Office of Land and Water Resources			
Driller:	Jackson MS 39225			
7-27-2011 Date drilling completed:	(601)	961- 5210	L. S. Elevation:	
	/601)061 E229 (fax)		E-log #:	
State Law requires that this report	' t he nrenared hv the lic	ense holder responsible for	the work and filed with the	
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 Well or Borehole Location			rehole Location	
(Landowner if borehole is not f	•	Latitude: 34 . 44 , 09 . 4N 90 11 14.0W		
Owner Name Rodney Bohler	nder	Langhuic		
Mailing Address: 12050 Parker	Rd	Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
Dalhart TX	70922	5E % NW % Sec 18	Twn Rng	
806-282-314	State Zip Code Distance Direction Nearest Town			
Telephone No. () fax 806-377-6209)			
	Well / Bore		······································	
Date drilling started: Date dr	illing completed:	-11 _{Hole depth: 205}	Hole diameter: 24"	
Location of the source of any surface wat	er used for drilling:	urface water		
Method of dosing and volume of Chlorin	e used in drilling and devel	opment:50PPM		
Logs run (circle all applicable): No log ru	Flastria Gamma Barr	Density Sonia Mextron	Other	
Name of organization running log(s):		Density Some recuton		
Purpose of borehole (check one): Water W	ell <u>X</u> Geotechnical/Geol	ogical Investigation Ground	i Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related	to water well constructio	n, skip the remainder of this bl	oçk	
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:				
If a flowing well, method of flow regulation				
Static Water Level:feet above or below (circle one) land surface Date measured:7-27-11				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth 205 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 45145 feet Casing diameter: 16 Type of casing: pVC				
Screen length: 60 feet Screen diameter: 16 pvc & stainless See back				
Screen slot size:inches	Setting depth: From _	feet to	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: OLWB-SWB-1A (04/08				

1°

Bad 16" pvc well is 200'± south of new well.

AUG 0 9 2011 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level

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

Description of Formations Encountered	From (depth)	To (denth)
Clay	Ground Level	42
med sand/gravel	43	64
clay	65	104
clay/fine sand	105	125
fine sand	126	168
clay	169	173
fine sand	174	202
clay	203	205
20' .050 pvc screet		65
80 pvc blank	66	145
20 032 pvc screen	146	165
20' pvc blank	166	185
20' .030 stainless	186	205
		2

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: Rodney Bohlender

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.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee



AUG 0 9 2011

County: Tate	STATE WELL REPORT Part 2	For Office Use Only:	
Permit #:GW45434	Pump Installer's Completion Report	Aquifer.	
Irrigation Equipment	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309	well #:	
Date completed: <u>7-27-20</u> 11	Jackson, MS 39225 (601)961-5210	Elevation:	
Copy information from block on Part 1	(601)961-5228 (fax)		
	d by a licensed water well contractor or a licensed pum iled with the Department at the above address within 3		
Well Owner Inform	ation	Well Location	

, ,

Well Owner Information	Well Location	
Owner Name: Rodney Bohlender	Latitude:Longitude:	
Mailing Address: 12050 Parker Rd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Dalhart TX 70922	4 $\frac{18}{18}$ $\frac{45}{18}$ $\frac{9W}{18}$	
City State Zip Code		
806-282-3142	Distance Direction Nearest Town	
Telephone No. () fax 806-377-6209	Miles of	
$1 \qquad 1dx 000-3//-0209$		

	Pump Typ Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Curbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratir	ng of Motor: <u>60</u>	
Date Pump Installed: _	7-27	-2011	Setting Depth:	90	feet
Rated Pump Capacity:	2300±	Gallons Per Minute	Number of Stages:	2	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Pumping Water Level (B):Feet Below Land Surface	Calls (speed).		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

This is for (circle one): New Well Replacement of Existing Pr	ump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of my k Patrick M Chism 0695	am
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1C (07-09)
	RECEIVED

AUG 0 9 2011

BY: OLAR