County: Tate
Permit #:
Driller: James w. Mason
Date drilling completed: 10-19-15

Owner Name: Brod Roller

**Well Owner Information** 

(Landowner if borehole is not for a water well)

1069 Antioch rd.

### 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)

For Office Use Only:
Aquifer:
E-Log #:

**Well or Borehole Location** 

Latitude: 34°43'34,90" Longitude: 89°53'01.68" W

Method of Lat/Long (check one): Conventional Survey\_

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: 1009 Antioch rd.	,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
Coldwarder Ms 38618 City State Zip Code	BE 14 NE 14, Sec 25 T 45 R 7W					
Cold water Ms 38618 City State Zip Code	314 Miles HW of Antioch					
Telephone No. (901) 553-0418	(Distance) (Direction) (Nearest Town)					
Well / Borehole Data						
Date drilling started: 10-19-15 Date drilling completed: 10-19-15 Hole depth: 160 Hole diameter: 63/4						
Location of the source of any surface water used for drillin	g: NA					
Method of dosing and volume of Chlorine used in drilling ar	nd development: Sppn and greater					
Logs run (circle all applicable): No log rup Electric Gamm	na Ray Density Sonic Neutron Other:					
Name of organization running log(s): ~~~~						
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (	describe)					
If drilling is not related to water well co	nstruction, 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: 60 feet [above or below] land surface Date measured: 10-19-15 (circle one)						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String weight						
Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 140 feet Casing diameter: 4 inches Type of casing: poc						
Screen length: 30 feet Screen diameter: 4 inches Type of screen: poc						
Screen slot size: _,OIOinches Setting depth:	From 140 feet to 160 feet					
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development						
Other (describe):						
Top of lap pipe or reduction in casing:reet						
If telescoped or more than o	ne screen, describe on next page					

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

County:			For	Office Use	Only:
Permit #:			   Well #:	B223	3
The sketch below only rec	quired for water wells	Description of formations en and boreholes, unless specifi	ncountered n ically exemp	ust be provided ted by regulatio	l for all wells ns
If well telescopes, show d	epths on sketch.	Description of Formations Enco		From (depth)	— To (depth)
Ground Level		Cley clirt.	Millered	Ground level	10 (depth)
		white clay		18	40
		while soud		40	50
		Blue clay		50	80
		white soud		80	160
			-		
			-	-	
		100			
If more than one screen, show	w location of each on sketch	<u> </u>			
II HIGIE man one sereon, one	/ IOCATION OF CACH ON SECTION				
Sketch the property layout and	d include the following:				
<ol> <li>the well location</li> <li>any permanent structu</li> </ol>	ares on the property that may aid	I in locating the well			
3) any roads, power lines	, or other items that may aid in l	locating the property and the we			
4) north arrow	, , <del> -</del>	Hone	r Crowf	end Ro	Q
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			7	MOV T.	3 2015
	5		7	Sek 2 a Re	to the first seed
_	-		1		
Landowner Name:	od Roller				
	well/borehole was drilled, co	onstructed, and completed in	accordance	with all applic	able
requirements of the Mississ if applicable, and state law	sippi Department of Environm	nental Quality and the Mississi	ippi Departn	nent of Health i	regulations,

11-16-15.

Date

0-610

Takes w. Mason 0-620 Print Name of Responsible Licensee and License No.

Signature of Licensee Form: OLWR-SWR-1A (4/13)

### STATE WELL REPORT

## County: Take Permit #: \_ Driller: Janes w. Moson Date completed: 10-19-15

# 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

For Office Use Only:			
Well #:			
Aquifer:			

1	501)961-5210 ) 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 Owner Information	Well Location				
Owner Name: Brod Roller	Latitude: 34 4 4 2 3 4 1 9 0 以 Longitude: 89 5 3 '01 、 68 い				
Mailing Address: 1069 Autioch 1d.	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Coldware Mc 38618 City State Zip Code	NE 14 NE 14, Sec 35 T 45 R 7W				
_	314 Miles NW of Antioch (Distance) (Direction) (Nearest Town)				
Telephone No. (901) 553 ~ 0418	(Distance) (Direction) (Nearest Town)				
Pump Typ	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	_				
Date Pump Installed: 10-19-15	Rated Pump Capacity: & A Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacemen					
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	dmill Other (describe):				
Horse Power Rating of Motor: Setting Dept	h:feet Number of Stages:				
Pump Test Data	for Non Flowing Well				
Date Well Tested: 10-19-15	Duration of Pump Test (minimum 4 hours): a hours				
· · ·	Pumping Water Level (B): 10 Feet Below Land Surface				
Drawdown [(B) - (A)]: N \A Feet Below Land Surface Test Pumping Rate: 3 3 Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe): String lueight				
Pump Test Dat	a for Flowing Well				
Measured shut in head:N Yfeet.	<u>.</u>				
Well yielded うみGPM with a drawdown of いし	A feet after $ \frac{\partial \mathcal{C}}{\partial \mathbf{C}} $ hours of pumping				
Meter Installation					
Meter Manufacturer: P \ A	Meter Serial Number: アル				
Meter Model Number/Name: \(\omega\) (4	Type of Meter: NA				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date:N (A Meter installed by:	N (W				
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.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
T 10 10 10 10 10 10 10 10 10 10 10 10 10					

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Date

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