<u></u>	State W	ell Report			
County: Tate		Priller's Log	For Office Use Only:		
	Mississippi Departmer	t of Environmental Quality	Aquifer:		
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:F96		
Driller: Janes w. Mason		, MS 39225	L. S. Elevation:		
Date drilling completed:	, ,	961- 5210 I- 5228 (fax)			
State Law requires that this repor	 ut ha muanamad hu tha lia	ous a haldar rasmousible for	E-log #:		
Department at the above address	i be prepared by the tick within 30 days of comp	ense notaer responsible for t letion of drilling of the well	ne work ana juea wan ine or borehole.		
Information on Well C)wner		rehole Location		
(Landowner if borehole is not fo	or a water well)	Latitude: 34 0 40 , 20 2	l., Longitude: 90 002 , 13.66,		
Owner Name Mike Roman	<u>e</u>	Method of Lat/Long (circle or	1." Longitude: 90 02 ,13.66,		
Mailing Address: 104 Luke	Lane	Method of Lat/Long (circle or	ne): Conventional Survey,		
	<i>t</i>	USGS quad, (Hand-held	GPS, Survey-grade GPS		
	cherydale sub.	NK 1/2 500 1/2 Sec 3	Twn 5s Rng 8w		
City State	38618 7in Code	SW Distance Direction	Nearest Town		
		Miles 5 E	of Arkabutta		
Telephone No. (901) 485-420	<u>3</u>				
	Well / Bore	nole Data			
Date drilling started: <u> </u>	lling completed: 2 - 14-	13 Hole denth: 185	Hole diameter: (3/4		
			Tiole diameter.		
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling:	JA			
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray		Other:		
Purpose of borehole (check one): Water We		gical Investigation Ground	Source Heat Pump		
Seismic S	Survey Other (<i>describe</i>)	w			
If drilling is not related	to water well construction	, skip the remainder of this blo	ock		
Purpose of Well (check one): Home In	dustrial Public Supply	Irrigation Fish Culture	Other:		
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: 90 feet abo	ove of below circle one) la	and surface Date measured:_	2-15-13		
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite) Mix					
Casing length: 165 feet Casing diameter: 4 inches Type of casing: DUC					
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 000					
Screen slot size: , OIO inches Setting depth: From 165 feet to 185 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:			n, describe on next page OEIVE		
			Form: OLWR-SWIA A (O4/00)		

The	sketch	helow	only	rec	uired	for	water	wells
TARE	JACICH	OCIUM	UILLY	, ,	mer cu	,,,	True CI	W C113

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 regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dist	Ground Level	15
(cd sand	15	40
c/ere/	40	65
Blue (ley	65	135
white soud.	125	185
		į

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

Sketch the property layout and include the aid in locating the well; 3) any 4) a north arrow.	following: 1) the well location; 2) any permanent structures on the property that may y roads, power lines, or other items that may aid in locating the property and the well;
Larke Love.	
Landowner Name: Mike Romo	sge

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 VED Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state MAR I 4 2013

Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE WELL REPORT

Copy information from block on Part 1

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 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:	
Aquifer:	
Well#: Fals	
Elevation:	

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: Mike Remoge	Latitude: 34 . 40 . 30 . 21 Longitude: 90 . 03 . 13 . 66		
Mailing Address: 104 Luke Love	Method of Lat/Long (check one): Conventional Survey,		
LOT 42 Cherrydole 106.	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	NOW 14 5 W 14 Sec 3 T 55 R 8W		
	Distance Direction Nearest Town		
Telephone No. (901) 485 - 4202	4 Miles SE of Arkabutla		

	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine (Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating	of Motor: 3/4	
Date Pump Installed:	3-15-13	· · · · · · · · · · · · · · · · · · ·	Setting Depth:	120	_feet
Rated Pump Capacity:	(0	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 3-15-13	Circle one		
Static Water Level (A): 90 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify): String / weight		
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 after <u>34</u> hours of pumping		
	RECEIVE		

THE PRINCIPLE OF THE PARTY OF T		the state of the s
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	5 6 8 70 7 8 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Jaes w. Moson 0-621)	Jas w. Man	MAR I 4 2013
Print Name of Pump Installer and License No. (if applicable)		DV: Palar
	Form:	OLWRSWR-18 10406