

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:

Well #: N 68
Aquifer: _____
E-Log #: _____

County: Tate
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 5-2-15

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.

<p style="text-align: center;">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Robert Carpenter</u> Mailing Address: <u>3062 Looxghema-Tyre Rd.</u> <u>Senatobia</u> <u>MS</u> <u>38668</u> City State Zip Code Telephone No. <u>(662) 501-0050</u></p>	<p>343550 Well or Borehole Location <u>89°46'37"</u> Latitude: <u>34°35'50.60" N</u> Longitude: <u>89°46'37.54" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE 1/4 NE 1/4, Sec 1 T. 6S R. 6W</u> <u>13</u> Miles <u>East</u> of <u>Senatobia, MS</u> (Distance) (Direction) (Nearest Town)</p>
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<p>Well / Borehole Data</p>
<p>Date drilling started: <u>5-2-15</u> Date drilling completed: <u>5-2-15</u> Hole depth: <u>250'</u> Hole diameter: <u>7"</u> Location of the source of any surface water used for drilling: <u>Nearby pond</u> Method of dosing and volume of Chlorine used in drilling and development: <u>chlorine</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>
<p>Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture Other (describe): _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>10</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>5-3-15</u> (circle one) Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>Sonic water level meter</u> Well depth: <u>250'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix Casing length: <u>210'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>SCH 40 PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: _____ Screen slot size: <u>.010</u> inches Setting depth: From <u>210</u> feet to <u>250</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Open hole <input checked="" type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>-0-</u> feet</p>

If telescoped or more than one screen, describe on next page

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: Tate
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 5-3-15
Copy information from block on Part 1

For Office Use Only:

Well #: N68
 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>Robert Carpenter</u>	Latitude: <u>34°35'50.60" N</u> Longitude: <u>89°46'37.54" W</u>
Mailing Address: <u>3062 Loxahema-Tyre Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Senatobia</u> <u>MS</u> <u>38668</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> , Sec <u>1</u> T. <u>6S</u> R. <u>6W</u>
Telephone No. <u>(662) 501-0050</u>	<u>13</u> Miles <u>East</u> of <u>Senatobia, MS</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5-3-15 Rated Pump Capacity: 35 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 120 feet Number of Stages: 22

Pump Test Data for Non Flowing Well

Date Well Tested: 5-3-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 17 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 44 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic water level meter

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: _____

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.

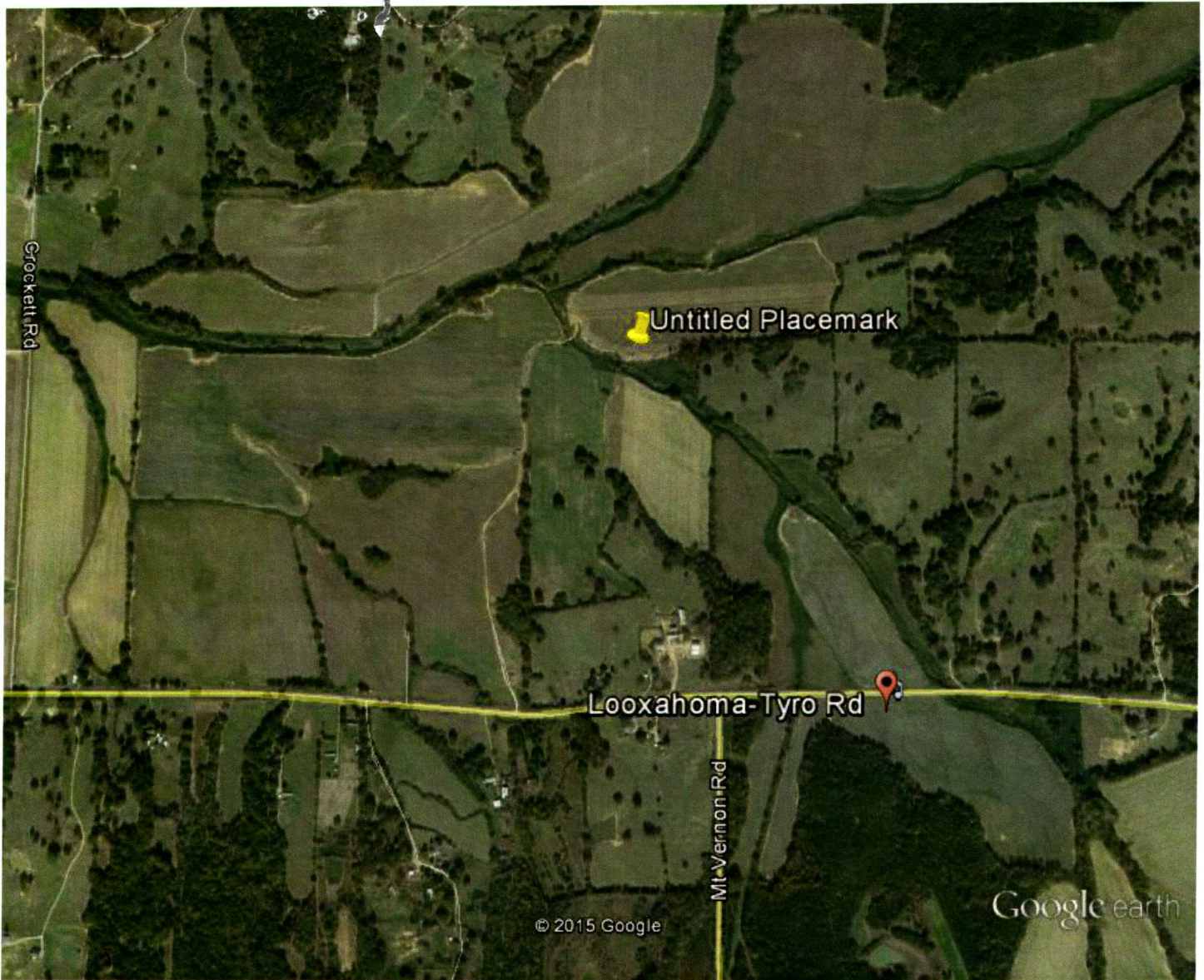
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie L. Bryant 0-639 5-4-15 Willie L. Bryant RECEIVED

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

BY OLWR

N68



Google earth



Take Hwy 310 East of Como, MS to Smart Rd. Turn left on Smart Rd.
 Take Smart Rd. to Tate county line, Smart Rd. changes to Mt. Vernon Rd.
 at Tate County line, Take Mt. Vernon Rd. to Looxahoma-Tyro Rd.
 turn left and go $\frac{3}{10}$ of a mile take right and follow trail to well.

Robert Carpenter
 3062 Looxahoma-Tyro Rd.
 Senatobia, MS 38668

RECEIVED

MAY 27 2015

BY: OLWR