County: Juni24  Permit #: GW - 46752  Driller: Delto Drilling  Date drilling completed: 5-9-14	Mississippi Depart Office of La Jacks	WELL REPORT Part 1 Priller's Log ment of Environmental Quality and and Water Resources P.O. Box 2309 on, MS 39225-2309 (601)961-5210 1)360-0535 (fax)	For Office Use On  Well #:
State Law requires that this report Department at the above address v			
Well Owner Information (Landowner if borehole is not for a water well)  Owner Name: Bobby Gothermon  Mailing Address: 40 Box 190		Well or Borehole Location	
		Latitude: <u>34º 49</u> 10 Lor	
		Method of Lat/Long (check one): Conventional Survey	
Robinsonville Ms. 38634		USGS quad, Hand-held G	PS <u>V</u> , Survey-grade GPS_

City Zip Code State (Distance) (Direction) (Nearest Town) Telephone No. ( **Well / Borehole Data** Date drilling started: 5-9-14 Date drilling completed: 5-9-14 Hole depth: 125 Hole diameter: 24''Location of the source of any surface water used for drilling: Fre hydicat 14 mile South Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): No log run) Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation **Ground Source Heat Pump** Received Seismic Survey Other (describe) \_ If drilling is not related to water well construction, 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) \_\_\_\_\_feet [above or below] land surface Date measured: 5-9-14 Static Water Level: \_23 Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):\_ Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing diameter: \_\_\_\_\_\_ Casing length: 85 feet inches Type of casing: Screen length: \_\_\_\_\_\_\_feet Screen diameter: \_\_\_/6 Type of screen: inches Screen slot size: ... 032 inches Setting depth: From \_ feet to Type of completion (circle all applicable) Gravel packed) Underreamed Open hole Natural Development Other (describe):\_\_ Top of lap pipe or reduction in casing: \_ If telescoped or more than one screen, describe on next page

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

Only:

County: <u>Tunica</u> Permit #: <u>GW-46752</u>		For Office Use	Only:
The sketch below only required for water wells	Description of formations enco and boreholes, unless specifica		
If well telescopes, show depths on sketch.	Description of Formations Encoun	tered From (depth)	To (depth)
Ground Level	loemy sond	Ground level	22
	Clon	23	45
	doy/fine some	44	58
	Coorse sond ?	3rove) 59	125
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 3) any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well		<i>-</i> <b>&gt;</b> <sup>7</sup> Z
E STATE OF THE STA		Red	ceived
- al		JUN	<b>1 6</b> 2014
A STATE OF THE PARTY OF THE PAR		BY	OLWR
Landowner Name:			
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environi fi applicable, and state laws.	constructed, and completed in a mental Quality and the Mississipp	ccordance with all appl of Department of Health	icable regulations,
C. Shockley 2561 Print Name of Responsible Licensee and License No.	5-9-14 C. 1	Signature of Licensee	
			-SWR-1A (4/13)

## STATE WELL REPORT

County: Tunich

Permit #: <u>GW- 46752</u>

Date completed: 5-9-

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 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well #: #58			
Aquifer:			

	well contractor or a licensed pump installer. A copy of Part 1			
of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Bobby Cecthernon	Latitude: 34° 49 10 Longitude: 90° 21 59			
Mailing Address: 4E Box 190	Method of Lat/Long (check one): Conventional Survey,			
Robinsonville, Ms. 38664	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	SW 1/2 SE 1/4, Sec 16 T 35 R 11W			
•	Miles West of Kobinsonville			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Pump Typ	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 5-9-14	Rated Pump Capacity: 2560 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):			
Horse Power Rating of Motor: <u>60</u> Setting Dept	h: 70feet Number of Stages:2			
Pump Test Data	for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe):			
•	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet_afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Meter Model Number/Name: Type of Meter: For all Number Type of Meter:				
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.				
C Shockley 2501 5-9-14 C. Shall				
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			

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