

#3 in permit RECEIVED  
#6 FEB 08 2018  
BY OLWR

County: Bossou  
 Permit #: MS GW-17207  
 Driller: Robert Talum  
 Date drilling completed: 2-1-15

**STATE WELL REPORT**  
**Part I**  
**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 #: B0048  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gary Taylor</u>	Latitude: <u>34.9566</u> Longitude: <u>89.2264</u>
Mailing Address: <u>10355 Memphis</u> <u>Arlington, Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lakland</u> <u>MS</u> <u>38002</u>	USGS quad _____, Hand-held GPS <u>K</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. ( <u>901</u> <u>338-9086</u> )	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 2-1-15 Date drilling completed: 2-1-15 Hole depth: 110 Hole diameter: 16"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: 4 ppm

Logs run (circle all applicable): No log run Electric Gamma 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) Irrigation

*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) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: 2-1-15  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 110 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 0.75 inches Setting depth: From 50 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

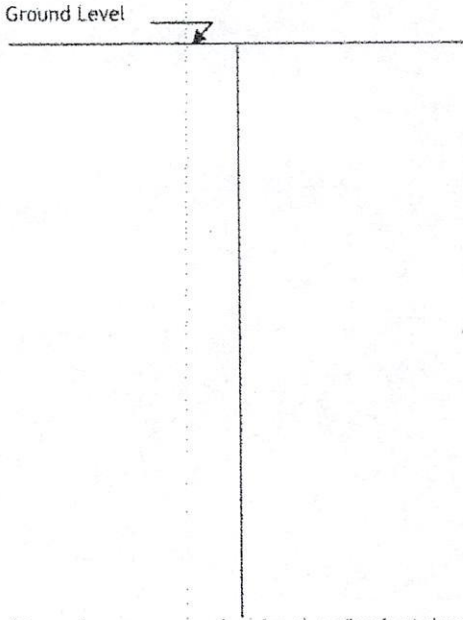
*If telescoped or more than one screen, describe on next page*

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County: Benton  
Permit #: MS-GW-17202

For Office Use Only:  
Well #: 30048

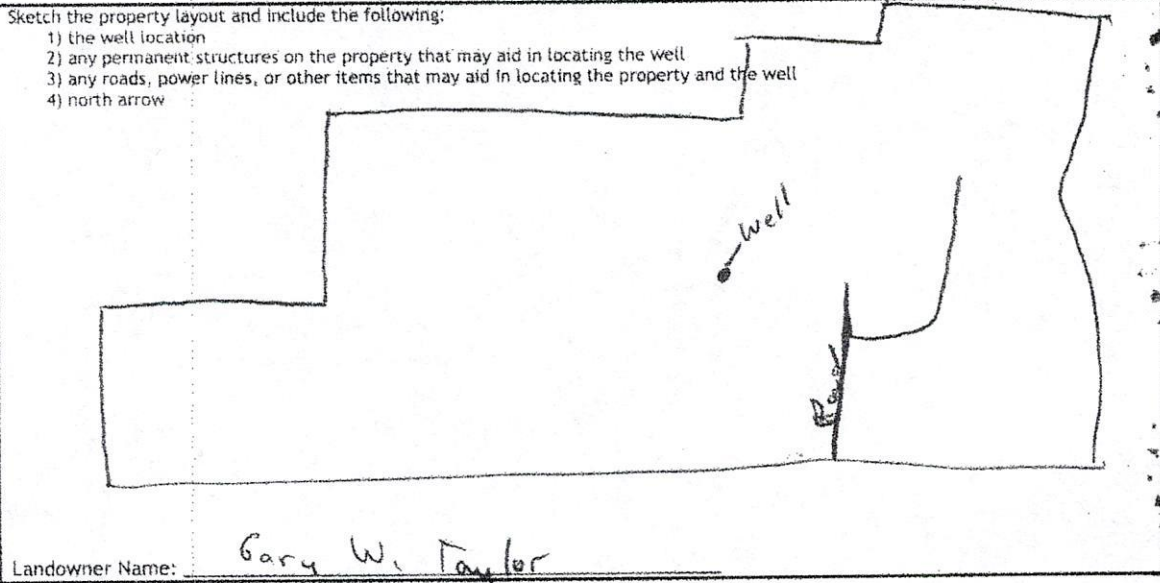
The sketch below only required for water wells  
If well telescopes, show depths on sketch.



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)
Brown Clay	Ground level	15
White Clay	15	27
Large Sand	27	110

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



I HEREBY 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.

Robert Tatum      4446-6600      Date      Robert Tatum      Signature of Licensee

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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: Benton  
Permit #: MSGW-1720d  
Driller: Rodney Tatum  
Date completed: 3-18-15  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: B0048  
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>Gary W Taylor</u>	Latitude: <u>34.9566</u> Longitude: <u>-89.2264</u>
Mailing Address: <u>10355 Memphis - Arlington Rd Lakeland TN 38004</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Lakeland</u> State: <u>TN</u> Zip Code: <u>38004</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. (901) <u>338-9686</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 3-18-15 Rated Pump Capacity: 1300 Gallons Per Minute  
Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 100 Setting Depth: 100 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 3-18-15 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 8 Feet Below Land Surface Pumping Water Level (B): 85 Feet Below Land Surface  
Drawdown [(B) - (A)]: 77 Feet Below Land Surface Test Pumping Rate: 1300 Gallons Per Minute  
Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**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 (check 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.  
Rodney Tatum UNR-6600 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

#6 #3 on Permit Folder

# 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 #: B48  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bossier  
Permit #: MS-GW-17202  
Driller: Robert Talton  
Date drilling completed: 2-1-15

*Water Well Solutions*

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gary Taylor</u>	Latitude: <del>34-9566</del> Longitude: <del>89-2264</del>
Mailing Address: <u>10355 Memphis</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>34-57-24</u> <u>89-13-35</u>
<u>Arlington, Rd.</u>	USGS quad _____, Hand-held GPS <u>K</u> , Survey-grade GPS _____
<u>Lakland</u> <u>MS</u> <u>39002</u>	<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>32</u> T <u>01S</u> R <u>01E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. ( <u>901</u> ) <u>338-9086</u>	

**Well / Borehole Data**

Date drilling started: 2-1-15 Date drilling completed: 2-1-15 Hole depth: 110 Hole diameter: 16"

Location of the source of any surface water used for drilling: \_\_\_\_\_

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 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) Irrigation

*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) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: 2-1-15  
(circle one)

Method of measurement (circle one) Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 110' Well grouted to a depth of: \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 26' 90' feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 20' feet Screen diameter: 16" inches Type of screen: Stainless steel

Screen slot size: 0.75 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed Underreamed 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*

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County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

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 regulations

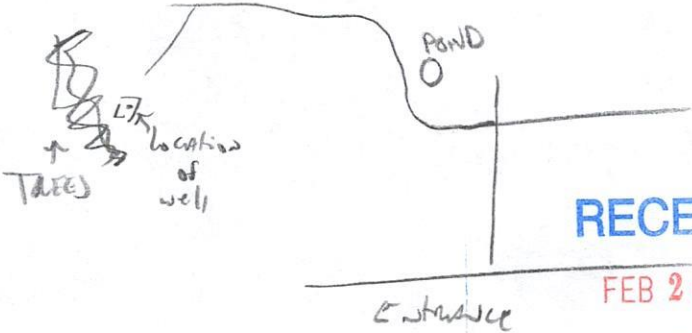
Description of Formations Encountered	From (depth)	To (depth)
Brown Clay	Ground level	15
White Clay	15	27
Sand Course	<del>27</del>	110

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) north arrow

See Attached MAP



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Landowner Name: Gary Tatum

I HEREBY 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.

Rodney Tatum CNR-00006600      2-22-15      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

#6

# 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: Breast  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
Copy information from block on Part 1

**For Office Use Only:**  
 Well #: \_\_\_\_\_  
 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>GARY TAYLOR</u>	Latitude: <u>34.9566</u> Longitude: <u>89.2264</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: \_\_\_\_\_ 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: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**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 tape Air line Other (describe): \_\_\_\_\_

**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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



#66  
113031

### Well Request Form

Customer Name: Gary Taylor

Cust. Phone #:

Coordinates: 34.9566 -89.2264

Farm Name: Sparks

Field Name: Middle

State and County: Benton, MS

Salesman: Tre

GPM: 1300

Pressure:

31

TDH:

Well HP:

Volts:

Elec/Sub

Elec / Turbine

Gear

Recommended Well Casing Size:

16

Plastic

Steel

Quoted Price:

\$44,500

Sold Price:

6 hrs

#### Drilling Notes:

Drill Operator:	Rodney / Manual
Bore Hole Depth:	110
Static Water Level:	20 ft
Recommended Setting:	100
Final HP:	
Drill Tag #:	
Additional Notes:	1 bucket poly- 3 1/2 in steamers 2 1/2 in casing 2 16 in caps

#### Formation

0-15 brown clay  
15-27 white clay  
27-110- coarse sand

~~100 hp = electric~~

187 TDH  
100 hp = electric  
Setting = 100'  
2x 16" well seal

95 hp = 100 = electric  
100 setting  
226 TDH

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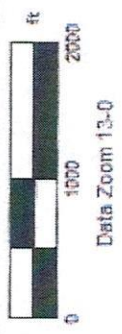
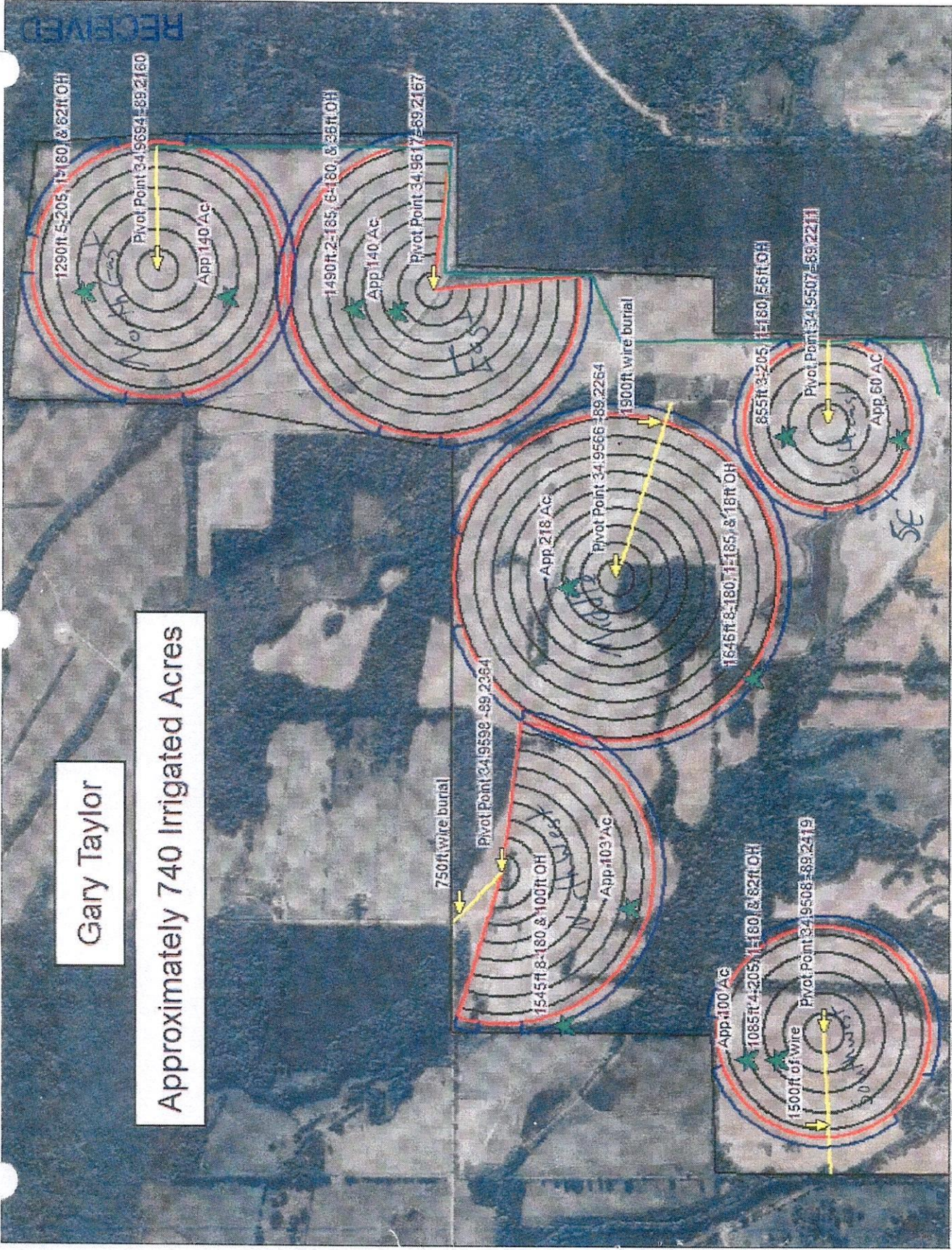
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Gary Taylor

Approximately 740 Irrigated Acres



Entrance 34,9467  
-89,2204

↑  
MN (1 1/2° W)

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www.delorme.com

E-Filed



#6

34,915 66 - 89.2264



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Middle - Gary Taylor