	STATE WELL	KEPUKI	FUI	Office Use Onl
County: Carroll	Part 1		Well #:	FX8
Permit #: GW-48940	Driller's I	Log	Aquifer:	
Driller: Irrigation Equipment Inc.	Mississippi Department of En Office of Land and Wa	ter Resources	E-Log #:	
Date drilling completed: 6-6-2015	P.O. Box 23 Jackson, MS 392			
	(601) 961-5	210		
	(601) 360-053	<i>、</i> ,	la for the wor	k and filed with t
State Law requires that this report Department at the above address v	vithin 30 days of completion	of drilling of the	he well or bor	ehole.
Well Owner Informa (Landowner if borehole is not f	ation	Well	or Borehole L	ocation
Owner Name: A and D Farms		te [.] 33 24' 46.	3" Lonaitu	ide: 90 07' 22.3"
Mailing Address: 9337 County Road	142 Method	d of Lat/Long (ch	eck one):	Conventional Survey
	US	iGS quad, 🛛 Har	nd-held GPS, 🗌	Survey-grade GPS
Itta Bena MS	38941	<u>NE</u> % <u> </u>	<u>₩</u> ¼, Sec <u>19</u> T	<u>18N</u> R <u>2E</u>
City Sta	te Zip code			Graanwaad
Telephone No. () -	(Dis	Miles	0 (Direction)	f Greenwood (Nearest Town)
	Well / Borehole D	Data		
Dete 1000 and 1 C C 2015			. 104	Hole diameter: 24
	Date drilling completed: 6-6-201	·	. <u>IV4</u>	
Location of the source of any surface wa	ter used for drilling: Surface I	Water		
Method of dosing and volume of Chloring	e used in drilling and developmen	nt: 50 PPM		
•				
-		Density D So	onic 🗌 Neutron	Other:
Logs run (check all applicable): 🛛 No lo		Density 🗌 So	onic 🗌 Neutron	☐ Other:
Logs run (check all applicable): 🛛 No lo Name of organization running log(s):	g run 🗌 Electric 🔲 Gamma Ray			
Logs run (check all applicable): 🛛 No lo	g run 🗌 Electric 🔲 Gamma Ray			Other:
Logs run (check all applicable): 🛛 No lo Name of organization running log(s): Purpose of borehole (check one): 🖾 V	g run 🗌 Electric 🔲 Gamma Ray	eological Investig		
Logs run (check all applicable):	g run 🗌 Electric 🗌 Gamma Ray Vater Well 🛛 🗌 Geotechnical/Ge	eological Investig les<i>crib</i>e)	ation 🔲 Grou	und Source Heat Pu
Logs run (check all applicable):	g run	eological Investig lescribe) ion, skip the ren	ation	und Source Heat Pu is block
Logs run (check all applicable):	g run	eological Investig Iescribe) Ion, skip the ref Ipply 🛛 Irrigation	ation	und Source Heat Pu is block
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ounty: Carroll	For Office Use Only: Well #: 6-88					
rmit #:						
e sketch below only required for water wells	Description of formations encountered must and boreholes, unless specifically exempted	be provided for al by regulations	l wells			
well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (dept			
round level	Clay	Ground level	12			
	Fine Sand	13	42			
	Fine Sand & Gravel	43	65			
	Med. Sand & Gravel	66	100			
	Fine Sand	101	104			
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			<u> </u>			
more than one screen, show location of each on sketch						

2) any	permanent	t structures	on the property that may aid in locating the well
			and the second sec

3) any roa 4) a north

4) a north	arrow	
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z) an	y permanent structures on the property that may all in locating the weat
3) an	ny roads, power lines, or other items that may aid in locating the property and the well
4	north orrow

j ♣.

Landowner Name: Form: OLWR-SWR-1A (04/08) I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississispip Department of Environmental Quality and the Mississispip Department of Health regulations,			
Form: OLWR-SWR-1A (04/08)			
Form: OLWR-SWR-1A (04/08)			
Form: OLWR-SWR-1A (04/08)	l andowner Name:		
HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable			
requirements of the missiosippi beparation of Entritorimental wearry and the mission pro-	I HEREBY CERTIFY that the well/borehole was drilled, correquirements of the Mississippi Department of Environme	onstructed, and comp ental Quality and the N	leted in accordance with all applicable
if applicable, and state laws. 0695 12-4-2015		12-4-2015	Con Bar
Print Name of Responsible Licensee and License No. Date Signature of Licensee	Print Name of Responsible Licensee and License No.	Date	
Form: OLWR-SWR-1A (4/13)			Form: OLWR-SWR-1A (4/13)
DEC 0 % 2015			DEC 0 % 2015

Pump Installer's Completion Report Draie drilling complexed: 6-2015 Corry Intermition Rounklock Con Dert1 Generation of the report musch be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report musch be canapleted by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report musch be canapleted by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report musch be canapleted by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report musch be canapleted by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report musch be attacked and body purch [Ide with the Degariment at the above address within 30 days of well completion. Well Owner Information Well Covert Information Owner Name: A and D Farms Mailing Address: 3337 County Road 142 City State Did e upm Installer See 19 1 100 (Did evert) Did e topy installed 6-2015 Rated Pump Capacity: Tabe Pump Installed 6-2015 Rate Pump Trace Profile Rotary = Concerning Pump Type (check one) Did evert Pump Trace Profile Submersible B Turbine = Air Lift Centrifugal Plowing Well Her Kee Rotary = Concerning Date Pump Installed 6-2-2015 Rate Pump Trace Profile (discribe): Date Pump Installed 6-2-2015 Rate Pump Check one) <		STATE WELL REPORT	For Office Use Only: $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
Anite instantion Equipment Inc. Mississippi Department of Environmental Quality Date dring complexet 64-2015 Date dring complexet be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed pump installer. A copy of Part 1 of the report must be complexed by a locaxed water well contractor or a locaxed must well control. Well Owner Information Latitude: 33 24' 46.3'' Locaxed water locaxed must be complexed by a locaxed water well contractor or a locaxed must well by locaxed by locaxed by locaxed by locaxed by locaxed by lo	County: Carroll	Part 2 Pump Installer's Completion Report	Well#: (F-88
Date drilling completed: 6-6-2015 Corr intransition from block on Part I Jackson, NS 39225-2309 (601) 961-5210 (601) 961-5210 (601) 961-5210 (601) 961-5210 of the report must be disched and beth parts fild with the Department at the above address withins 70 days of Well Consellor Well Consellor Owner Name: A and D Farms Well Consell for thormation Mailing Address: 3337 County Road 142 Well Consellor Bena State Zip code Tits Bena NS 38941 Carly State Zip code Bena State Zip code Carly State Zip code State Zip code (Dictance) Conventional Survey. Date Pump Installed 5-2015 Rated Pump Check one) Conventional Survey. Date Pump Installed 5-2015 Rated Pump Capacity: 2100+1 Galons Per Minute B This Pump (check one) New (Repaired) Registernent Power Type (check one) Hours (describe): Date Pump Installed 5-2015 Rated Pump Capacity: 2100+1 Galons Per Minute B This Pump (check one): New (Repaired) Registerenen		Mississippi Department of Environmental Quality	
Date drilling completed: D=24/15 Garw Information from block on Part I (601) 380-0635 (fax) This part of the report must be completed by a licensed water well contractor on a licensed pump installer. A copy of Part I (601) 380-0635 (fax) This part of the report must be completed by a licensed water well contractor on a licensed pump installer. A copy of Part I (601) 380-0635 (fax) Well Owner Information Well Owner Information Well Coation Owner Name: A and D Farms Latitude: 33 2f 46.3" Longitude: 90 07 22.3" Mailing Address: 9337 County Road 142 Latitude: 33 2f 46.3" Longitude: 90 07 22.3" Mailing Address: 9337 County Road 142 Latitude: 33 2f 46.3" Longitude: 90 07 22.3" Mailing Address: 9337 County Road 142 Latitude: 33 2f 46.3" Longitude: 90 07 22.3" Mailing Address: 9337 County Road 142 Latitude: State Zio code Latitude: State Zio code Itta Bena MS 38941 Latitude: State Zio code Covernood			Aquifer:
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Mailing Address: 9337 County Road 142 Mailing Address: 9337 County Road 142 Itta Bena MS State 210 code City State Zity Replacement Power State Coescripte Zity Coescripte Zity State Zity State Zity State Zity State Zity Replacement Power State Replacement			
Ita Bena MS 38941 Citv State Zip code Tetephone No.	Owner Name: A and D Farms	Latitude: <u>33 24 46.3</u>	Longitude: 90 07' 22.3"
Itta Bena MS 38941 City State Zip code Telephone No.	Mailing Address: 9337 County Road	142 Method of Lat/Long (check o	ne): 🔲 Conventional Survey,
Itta Bena MS 38941 Cry State Zip code Telephone No.		☐ USGS quad. ⊠ Hand-hei	d GPS, 🔲 Survey-grade GPS
City State Zip code Telephone No.	Ma Dana MC		
Image: Construction of the second of the			Sec 19 1 101 R ZE
Distance (Direction) (Nearest Town) Pump Type (check one) Date Pump Installed 64-2015 Rated Pump Capacity: 2100+1- Gallons Per Minute Is This Pump (check one) New Repaired Replacement Power Type (check one) Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one) Gallons Per Minute Is This Pump (check one): Check one): Tractor PTO Windmill Other (describe):	Telephone No. () -	Miles	
□ Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe):		(Distance) (Direc	ction) (Nearest Town)
Date Pump Installed 64-2015 Rated Pump Capacity: 2100+1- Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one)		Pump Type (check one)	
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: 60 Setting Depth: 70 feet Number of Stages: 1 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): Galions 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 Feet Well yielded Feet Well yielded Feet or (AF x .001, gal x 1000, etc): Installation Date: Meter installed by:	🗌 Submersible 🛛 Turbine 🗌 Air Lift 🗌 🤇	Centrifugal 🔲 Flowing Well 🔲 Jet 🔲 Piston 🔲 Rotary [] Other (describe):
Power Type (check one) □ Electric	Date Pump Installed 6-8-2015	Rated Pump Capacity: 2100+	- Gallons Per Minute
□ Electric & Diesel □ Gasoline □ Natural Gas □ Tractor PTO □ Windmill □ Other (describe):	ls This Pump (check one): 🛛 New 🗌 Re		
Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data for Non Flowing Well 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 (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 Manufacturer: Meter Installation Meter Manufacturer: Meter installation 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 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. Des Signature of Pump Installer and License No. (if applicable) Da			
Pump Test Data for Non Flowing Well Date Well Tested:		. ,	
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 (check one): Steel tape Electric tape Air line Other (describe):	Horse Power Rating of Motor: 60	Setting Depth: 70 feet N	umber of Stages: _1
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 (check one): Steel tape Electric tape Air line Other (describe):			
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Drawdown [(B) - (A)]:			
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 offeet after hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Meter Serial Number: Meter Model Number/Name:			
Measured shut in head:		· · · · · · · · · · · · · · · · · · ·	•/·
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. 0695 12-4-2015 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	Measured shut in head:		
Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: 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. 0695 12-4-2015 Print Name of Pump Installer and License No. (if applicable) Date			
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Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	Meter Manufacturer:	Meter Serial Number:	
Installation Date:			
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 12-4-2015 Print Name of Pump Installer and License No. (if applicable) Date			
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Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
			Signature of Pump Installer
			Signature of Pump Installer Form: OLWR-SWR-1B (4/13) DEC ()

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