County:	Coahoma	
Permit #:	GW-47160	
Driller:	Irrigation Eq	uipment
	ing completed:	06/21/2013

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#:	F123
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Rusty Wright	Latitude: 34 19' 01.0 N Longitude: 90 29' 20.7 W
Mailing Address: 675 Mills Road	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Sledge Ms 38670	NE 14 NE 14, Sec 10 T 28 N R 3 W
City State Zip code Telephone No. () -	2 Miles West of Jonestown
relephone No.	(Distance) (Direction) (Nearest Town)
Well / Bo	rehole Data
Date drilling started: 06/21/2013 Date drilling completed:	06/21/2013 Hole depth: 115 Hole diameter: 20"
Location of the source of any surface water used for drilling:	Surface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gam	ıma Ray 🗌 Density 🔲 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
	hnical/Geological Investigation
	Other (describe)
•	nstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ F	
If a flowing well, method of flow regulation: Valve	
Static Water Level: feet [□ above or □ belo (check one)	w] land surface Date measured:
Method of Measurement (check one) Steel tape Electric tape	pe Air line Other: (describe)
Well depth: 115 Well grouted to a depth of: 10 fee	t Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 75 feet Casing diameter: 12	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From <u>76</u> feet to <u>115</u> feet
Type of completion (check all applicable): ☑ Gravel packed ☐ U	nderreamed ☐ Open hole ☐ Natural Development
Other (describe):	RECEIVE
Top of lap pipe or reduction in casing: Feet	

Form 194 WR 194 Range Guality

Country: Coahoma Permit # CW47160 The skeek helico with required for nator wills Undit decrease, there deaths on shorth. Ground level Description of formations encountered must be provided for all wells and borscholes, unless specifically exempted by regulations Description of Formations Encountered From (depth) To (depth)					Off Ti	<u> </u>
The sketch below only required for water wells				For Office Use Only:		Inly:
Permit \$\frac{6W-47160}{The strain below only required for water wells (17 well telescopes, show deaths an state). Ground level Description of formations encountered must be provided for all wells and bornholes, unless specifically exempted by regulations. Description of Formations Encountered	County: Coahoma			Well#:	FI23	
The stacts below only required for water wells If seed releases, show deaths on sketch. Description of formations encountered must be prevailated for all wells and benchedes, unless specifically exempted by regulations. Description of Formations Encountered From (depth) To (depth) Clay Ground level 16 Brown Sand 16 35 Fine Sand 36 45 Course Sand 46 75 Course Sand 46 75 Course Sand 46 75 Course Sand 46 75 In the well coation of each on sketch states and 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) a north arrow Rusty Wright Form: QUWN-SWR-1A (0400) Landowner Name: Rusty Wright Form: QUWN-SWR-1A (0400) Rate Replicable, and state laws. Patrick Chism 0695 08/16/2013	0141 47400			_		
Cound level	Permit #: GVV-4/16U					
Cound level						
Cound level			D		ot he provided for al	I walle
Description of Formations Encountered From (depth) To (depth) Ground level Clay Ground level 15 Brown Sand 16 Fine Sand 36 Fine Sand 36 Course Sand & Gravel 76 1115	The sketch below only required for	water weus	and boreholes unless s	ns encountereu mus necifically exempted	l by regulations	i weiis
Clay Ground level 15 Brown Sand 16 35 Fine Sand 36 45 Course Sand 46 75 Course Sand & Gravel 76 115 Course Sand & Gravel 76 115	If well telescopes, show depths on sk	tetch.	unu voi envies, mitess s	pecojacian Lacingues	. Dy Togunion	
Brown Sand 16 35 Fine Sand 36 45 Course Sand 46 75 Course Sand 46 75 Course Sand 8 Gravel 76 1115			Description of Formati	ons Encountered		To (depth)
Fine Sand Course Sand Gourse	Ground level		Clay		Ground level	15
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) a north arrow Landowner Name: Rusty Wright THEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Health regulations, Patrick Chism 0695 08/16/2013			Brown Sand		16	35
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if applicable, and state laws. Patrick Chism 0695 08/16/2013	I HEREBY CERTIFY that the	well/borehole was drilled, co	onstructed, and completed	in accordance wit	h all applicable	
Patrick Chism 0695 08/16/2013		Pr Department of Environme	inai Quanty and the Missi	ippi Department	or nearth regulation	лıS,
		0695	08/16/2013	(Q_{-})		
This reads of responsible blochase and blochase No. Date Signature of blochases			Date	Signatu	re of Licensee	

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

DAUED P. HOLT 0-757 P Print Name of Pump Installer and License No. (if applicable)

	STATE WEI	LL REPORT	
County: COMNOMIA	٠	art 2	
Permit #: <u>GW - 47160</u>	_	Completion Report	For Office Use Only:
Driller: IRRIGATION EQUERNIN	j Mississippi Departmen	t of Environmental Quality and Water Resources	Well #: F123
Date completed:	P.O.	Box 2309	
Copy Information from block on Part 1		NS 39225-2309	Aquifer:
7.5.7.7.7.7.7	, , ,	961-5210 0-0535 (fax)	
This part of the report must be complete of the report must be attached and both Well Owner Informati	d by a licensed water wei parts filed with the Depa		p installer. A copy of Part 1 thin 30 days of well completion
Her Owner informati	on	· Well Lo	cation
Owner Name: AMRIGHT FA		titude: <u>34• 19: 01:</u> Long	itude: 90° 29° 20°
Mailing Address: 675 msus			Conventional Survey
	U50	GS quad, Hand-held GP:	S, Survey-grade GPS
SEOGE MS City State Telephone No. (a/42) 324 7771	38670	UE 14 NE 14 son	(D) + 30.1 - 02.1
State	Zip Code	/ 300	INVESTOR LOW
Telephone No. (642) 326-271	2 <u>(Di</u>	Miles (Direction) of	JOHI S FOWN
			(Neurest Town)
Si formanilità	Pump Type (d	rircle one)	
Submersible Turbine Air Lift Centrifu	gal Flowing Well Jet	Piston Rotary Other (desc.	ribe);
Date Pump Installed: 7-29-	/3 Rated	Pump Capacity: 800	5-W D .W.
is This Pump (circle one): New Repa	ilred Replacement		Gattons Per Minute
	Power Type (c	riscle one)	
Electric Diesel Gasoline Natural Gas	Tractor PTO 165-4 21	micte one)	
Electric Diesel) Gasoline Natural Gas	Tractor FTO WINGIBILE	Other (describe):	
Horse Power Rating of Motor: 40	Setting Depth:	50 feet Number of	Stages: 2
	Pump Test Data for N	on Flowing Well	
Date Well Tested:			
Static Water Level (A): Feet B		ation of Pump Test (<i>minimun</i>	1 4 hours);hours
Drawdown I(B) (A)).	erow rand prittage bu	umping Water Level (B);	Feet Below Land Surface
Drawdown [(B) - (A)]:Fe	et Below Land Surface	Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one): Stee	l tape Electric tape	Air line Other (describe)	
	Pump Test Data for	Flowing Well	
Measured shut in head:feet.		-	
Well yieldedGPM with a dra-	wdown af	r	
		feet afterhot	urs of pumping
Notes Names	Meter Install	ation	
Meter Manufacturer:		Meter Serial Number:	ļ
Meter Model Number/Name:/		Type of Meters	
Totalizer Register Unit and Multiplier Factor Installation Date:	" (AF X .UU) . gal x 1000	Type of Meter:	i
Installation Date: Met	er installed by:	,	
is This Meter (circle one): New Repair	ed Replacement		
Important: By submitting the above infor-	motion	that this meter was installed t neters is on the MDEQ websic	o manufacturer standarde
	was of approved in	neters is on the MDEO wobsit	a
HEREBY CERTIFY that the above statemen			

8-16-13

Date

Signature of Pump Installer Form: OLWR-SWR-18 (4/13) Johnson

