County:	Humphreys	
Permit #:	GW-48932	<u> </u>
Driller:	Irrigation Eq	uipment Inc.
Date drill	ing completed:	05/23/2015

## 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 #:	3340
Aquifer:	Advantage of the second
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 comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: St Rest Planting Co.	Latitude: 33 14 02.0 N Longitude: 90 33 51.9 W
Mailing Address: 65 Holly Ridge Road	Method of Lat/Long (check one):   Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Indianola Ms 38751	NE 1/2 NE 1/3 T 16 N R 4 W
City State Zip code	
Telephone No	1 Miles Southeast of Isola (Direction) (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 05/23/2015 Date drilling completed:	05/23/2015 Hole depth: 124' Hole diameter: 20"
	urface 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 ☐ Gami	ma Ray 🗌 Density 🔲 Sonic 🔲 Neutron 🗋 Other:
Name of organization running log(s):	
Purpose of borehole (check one):   Water Well Geotech	nical/Geological Investigation
☐ Seismic Survey ☐ 0	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P	ublic Supply ⊠ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 35' feet [□ above or ⊠ below (check one)	w) land surface Date measured: 05/23/2015
Method of Measurement (check one) $\boxtimes$ Steel tape $\square$ Electric tap	e Air line Other: (describe)
Well depth: 124' Well grouted to a depth of: 10' feet	Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix
Casing length: 84' 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 -85 9 feet to 124
Type of completion (check all applicable): $oxed{f \square}$ Gravel packed $oxed{f \square}$ Ur	
Other (describe):	JUS, DIF 2015
Top of lap pipe or reduction in casing: Feet	BY: OLWR
If telescoped or more than one	e screen, describe on next page

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

County: Humphreys Permit #: GW-48932	Well	For Office Use ( #: 0340	Only:
The sketch below only required for water wells	Description of formations encountere and boreholes, unless specifically exe		ll wells
If well telescopes, show depths on sketch.	Description of Formations Encount	ered From (depth)	To (depth)
Ground level	Clay	Ground level	23
	Fine Sand	24	48
	Fine Sand & Gravel	49	63
	Medium Sand & Gravel	64	124
If more than one screen, show location of each on sketch	Anna de Paris de la Companya de la C		
Sketch the property layout and include the following:  1) the well location 2) any permanent structures on the property that 3) any roads, power lines, or other items that ma 4) a north arrow	may aid in locating the well y aid in locating the property and the well		
Landowner Name: St Rest Planting Co.			
I HEREBY CERTIFY that the well/borehole was driller requirements of the Mississippi Department of Enviror if applicable, and state laws.	nmental Quality and the Miss ssippi Denar	ce with all applicable	ons,
Print Name of Responsible Licensee and License No	06/27/2015 Date S	ignature of License	CENE

JUL 0 : 2015

Signature of License C 4/13)
Form: OLWR-SWR-TA (4/13)



County:	Humphreys	
Permit #:	GW-48932	}
Driller:	Irrigation Eq	uipment Inc
Date drilli	ing completed:	05/23/2015

Copy information from block on Part 1

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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)

For	Office Use Only:
Well#:	B 340
Aquifer:	
•	

***	Owner Information		partment at the	above addi		n <i>su aays o</i> Location	oj weu comp	netion.
					AACII	LOCALION		
Owner Name: St Res	t Planting Co		Latitude:	33 14' 02.	.0 N	Longitude	e: <u>90 33' 5</u>	1.9 W
Mailing Address: 65 h	Holly Ridge Road		Method of	Lat/Long (c	check one	e): 🔲 Co	onventional	Survey,
			□ usgs	quad, 🖾 Ha	and-held	GPS, 🗆 S	urvey-grade	e GPS
Indianola	Ms	38751		NE ½ l	NW 14. S	ec <u>13</u> ⊺ <u>16</u>	NR4W	
City	State	Zip code						
Telephone No. (	) -		5	_ Miles _		ast of	Iso	
			(Distanc	:e)	(Direction	on)	(Nearest	Town)
		Pump T	ype (check one	)				
Submersible 🔲 Turb	ine 🗌 Air Lift 🔲 Centri	ifugal 🔲 Flowing	Well ☐ Jet ☐	Piston □ R	Rotary 🗆	Other (des	cribe):	
Date Pump Installed	05/23/2015		Rated Pump	Capacity:	1400+/-		Gallons	Per Minute
This Pump <i>(check on</i>								
		Power T	ype (check one	<del>)</del> )				
I Electric ☐ Diesel ☐	Gasoline 🗌 Natural G	as 🗆 Tractor PT	O 🗆 Windmill (	☐ Other (de	escribe):			
lorse Power Rating of I	Motor: 40	Setting Depth	n: <b>80'</b>	1	feet Nu	mber of Sta	ages: 1	
_								
		Pump Test Data	for Non Flow	ing Well			<del></del>	· · · · · · · · · · · · · · · · · · ·
ate Well Tested:			Duration of	Pump Test	t <i>(minim</i> u	ım 4 hours	):	Hours
tatic Water Level (A):								
rawdown [(B) - (A)]:					-			
andomi ((b) - (A)].		t DCION Land Gu			<u> </u>			o i ci iviliaci
lathad of management	t /ahaak anal: 🗖 Ctaal	I tono 🖂 Clastria	Anna M Air line					
lethod of measuremen	t (check one):  Steel		-		describe)	•		
		Pump Test D	tape    Air line		describe)	•		
		Pump Test D	-		describe)	•		
Measured shut in head:	Fee	Pump Test D	ata for Flowing	g Well	<u> </u>		nours of pun	nping
leasured shut in head:	Fee	Pump Test D	ata for Flowing	g Well	<u> </u>		nours of pun	nping
fleasured shut in head:	Fee	Pump Test Do	ata for Flowing	g Well	<u> </u>		nours of pun	nping
feasured shut in head: Vell yielded	GPM with a draw	Pump Test Does to the set with the set with the set of	ata for Flowing	g Well feet after			nours of pun	
Measured shut in head:  Vell yielded  Meter Manufacturer: _	GPM with a draw	Pump Test Does to the set with the set of th	ata for Flowing r Installation Meter S	g Well feet after	per:			
Measured shut in head:  Vell yielded  Meter Manufacturer:  Meter Model Number/Na	GPM with a draw	Pump Test Does to the set with the set of th	r Installation  Meter S	g Well feet after	per:			
Measured shut in head:  Vell yielded  Meter Manufacturer:  Meter Model Number/Na  Totalizer Register Unit a	GPM with a draw	Pump Test Does  et  wdown of  Meter  AF x .001, gal x 10	r Installation  Meter S	g Well feet after	per:			
Measured shut in head:  Vell yielded  Meter Manufacturer:  Meter Model Number/Na  Totalizer Register Unit a	GPM with a draw	Pump Test Does  wdown of  Meter  NF x .001, gal x 10  er installed by:	r Installation Meter S Type 000, etc):	g Well feet after	per:			
Measured shut in head:  Vell yielded  Meter Manufacturer:  Meter Model Number/Na  Totalizer Register Unit a  Installation Date:  S This Meter (check one	GPM with a draw	Pump Test Does  wdown of  Meter  AF x .001, gal x 10  er installed by:  ed  Replaceme	r Installation Meter S Type 000, etc):	feet after  Serial Numb  of Meter:	per:			
Measured shut in head:  Vell yielded  Meter Manufacturer:  Meter Model Number/Na  Totalizer Register Unit a  Installation Date:  S This Meter (check one	GPM with a drawn arme:  and Multiplier Factor (A Meter):  New Repaire mutting the above infor	Pump Test Does  wdown of  Meter  AF x .001, gal x 10  er installed by:  ed  Replaceme	r Installation Meter S Type 000, etc):	feet after  Serial Numb of Meter:	er:	ed to manu		
Measured shut in head:  Well yielded  Meter Manufacturer:  Meter Model Number/Na  Totalizer Register Unit a  Installation Date:  S This Meter (check one  Important: By subs	GPM with a drawn are:  ame:  and Multiplier Factor (A  Mete  b):  New  Repaire  mitting the above infor	Pump Test Does  et  wdown of  Meter  AF x .001, gal x 10  er installed by:  ed	r Installation Meter S Type 000, etc):  nt eertifying that the	feet after  Gerial Numb  of Meter:  ais meter wa	er:	ed to manu		
Measured shut in head:  Measured shut in head:  Meter Manufacturer:  Meter Model Number/Na  Fotalizer Register Unit a Installation Date:  Important: By subi	GPM with a drawn are:  ame:  and Multiplier Factor (A  Mete  b):  New  Repaire  mitting the above infor	Pump Test Does  et  wdown of  Meter  AF x .001, gal x 10  er installed by:  ed	r Installation Meter S Type 000, etc):  ertifying that the proved meters best of my known	feet after  Gerial Numb  of Meter:  ais meter wa	er:	ed to manu		