County:	Humphreys	
Permit #:	GW-47976	s √
Driller:	Irrigation Eq	uipment
Date drill	ing completed:	04/12/2014

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#:	C211_
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 comp	oletion of drilling of the well or borehole.
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Rodgers Farms	Latitude: 33 14' 29.5 N Longitude: 90 32' 31.4 W
Mailing Address: 308 Deovelente Road	Method of Lat/Long (check one):
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Belzoni Ms 39038	SW 14.SE 14, Sec 7 T 16 N R 3 W
City State Zip code	SE Outlined
Telephone No	3 Miles Southeast of Isola (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 04/12/2014 Date drilling completed:	04/12/2014 Hole depth: 126' Hole diameter: 18"
Location of the source of any surface water used for drilling: St	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 ☐ Gamı	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 <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ P	ublic Supply ⊠ Irrigation □ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 34' feet [□ above or ⊠ below (check one)	w] land surface Date measured: 04/19/2014
Method of Measurement (check one) \boxtimes Steel tape \square Electric tap	e Air line Other: (describe)
Well depth: 126' Well grouted to a depth of: 10' feet	Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 86' feet Casing diameter: 10"	inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 10"	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From 87' feet to 126' feet
Type of completion (check all applicable): ⊠ Gravel packed ☐ Ur	nderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	ACR \$ 9 201
If telescoped or more than on	e screen, describe on next page

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

					For Office Use	Only:
County: Humphreys				18/01	1#: Call	C J V
0144 4707				VVei	· C & ()	
Permit #: <u>GW-4/9/</u>	•					
The sketch below only reg	uired for water wells		Description of for	rmations encounter	ed must be provided for a	ıll wolle
					empted by regulations	a reas
f well telescopes, show de	pths on sketch.		•			
Ground level —	.,		Clay	ormations Encount	tered From (depth) Ground level	To (depth
	<u> </u>		FineSand		46	49
			Fine Sand &	Graval	50	54
			Medium San		55	126
			Mediuiii Saii	iu & Glavei	33	120
						1
						
						
f more than one screen	, show location of each o	n sketch				
the well location any permaner	nt structures on the pro wer lines, or other item	perty that m	nay aid in locating the aid in locating the pro	well perty and the well		
	Rodgers Farms	s				
andowner Name:				<u> </u>	Form: OLWR-S	SWR-1A (04/0
HEREBY CERTIFY	that the well/borehole	was drilled,	constructed, and con	pleted in accordan	Form: OLWR-S	-
HEREBY CERTIFY	that the well/borehole fississippi Department	was drilled, of Environm	constructed, and con nental Quality and the	pleted in accordan Mississippi Depar		•

Print Name of Responsible Licensee and License No.

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



County:	Humphreys			
Permit #:	GW-47976	j		
Driller: Irrigation Equipment				
Date drilli	ing completed:	04/12/2014		

Copy information from block on Part 1

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#:	Call
Aquifer:	

of the report must be attached and both parts filed with the Depa Well Owner Information			pell contractor or a licensed pump installer. A copy of Part 1 partment at the above address within 30 days of well completion. Well Location		
_		•			
Owner Name: Rod	gers Farms		Latitude: <u>33 14</u>	' 29.5 N Lor	gitude: 90 32' 31.4 W
Mailing Address: 308 Deovelente Road			Method of Lat/Lo	ng (check one):	☐ Conventional Survey,
			USGS quad, I	☑ Hand-held GPS	, Survey-grade GPS
Belzoni City	Ms State	39038 Zip code	<u>s</u>	<u>W</u> ¼ <u>SE</u> ¼, Sec <u>7</u>	т <u>16 N</u> R <u>3 W</u>
) -	•	3 Mile	s Southeast	of Isola
			(Distance)	(Direction)	(Nearest Town)
		Pump Typ	e (check one)		
☑ Submersible ☐ To	urbine 🗌 Air Lift 🗌 Cent	trifugal Flowing W	/ell ☐ Jet ☐ Piston	☐ Rotary ☐ Othe	r (describe):
Date Pump Installed	04/19/2014		Rated Pump Capaci	tv: 550+/ -	Gallons Per Minute
•	one): ☑ New ☐ Repair				
			e (check one)		
☑ Electric ☐ Diesel	☐ Gasoline ☐ Natural C	Gas 🛘 Tractor PTO	☐ Windmill ☐ Othe	er (describe):	
Horse Power Rating	of Motor: 15	Setting Depth:	70	feet Number	of Stages: 1
		Pump Test Data f	or Non Flowing W	eli	
Date Well Tested: _			Duration of Pump	Test (minimum 4	hours): Hours
Static Water Level (A	.): Feet B	Below Land Surface	Pumping Water L	.evel (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:	Fe	et Below Land Surfa	ce Test Pumping	Rate:	Gallons Per Minute
Method of measurem	ient (check one): Ste	el tape 🔲 Electric ta	pe ☐ Air line ☐ Ott	ner (describe):	
		Pump Test Data	a for Flowing Well		
Measured shut in hea	ad: Fe	eet			
Mall violded	GPM with a dra	awdown of	foot a	flor	hours of numping
vveii yieided	Grivi willi a ui	awdown or	leet a		nodis of pumping
Meter Manufacturer:	McCromete None Installed	Meter li	nstallation Meter Serial N	lumber: 13-	06870
Totalizer Posister I to	/Name: <u>M 0 3 C</u> it and Multiplier Factor (4E v 1001 and v 1000	i ype oi iviet	U	
Installation Date:	or: 1 2014	ter installed by:	u, etc). <u>99</u> /	X 600	
•					
	one): New 🗆 Repair				
Important: By s		ormation you are cer al wells, a list of app			manufacturer standards.
I HEREBY CERTIFY	that the above stateme	ents are true to the b	est of my knowledg	e. \(\)	2 -
Patrick Chism	0695		04/22/201	4 Kal	A STATE OF THE STA
	np Installer and License	No (if applicable)	Date		nature of Pump Installer
		110: (" CPP"CCD")			Form: OLWR-SWR-1B (4/13)
		по (п сррпссото)			
_		The second of th			APR 2 8 201 BYS PAR VAL