Issaquena	
ing completed:	11-16-2015
	GW-49122 Irrigation Eq

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#:	13 45	
Aquifer:		
E-Log #:		

d hu tha liannsa haldar

	Information e is not for a water well)		ell or Borehole Loca	
Owner Name: Chris Hamlin	e is not for a water well)	Latitude: 32 51' 5	53.6" Longitude:	90 59' 39.4"
- · · ·	to Bood			
Mailing Address: 4237 Willet	ie ruau	method of Lat/Long ((check one): Con	iventional Survey,
		USGS quad, 🛛 H	Hand-held GPS, ☐ Su	rvey-grade GPS
Rolling Fork City	MS 39159 State Zip code	<u>NE</u> ½	4 <u>NW</u> ¼, Sec <u>28</u> T <u>121</u>	<u>N</u> R <u>8W</u>
Telephone No. ()	- State Zip code	Miles	of	Rolling Fork
		(Distance)	(Direction) of	(Nearest Town)
	Well / E	Borehole Data		
Date drilling started: 11-16-20	15 Date drilling completed	: 11-16-2015 Hole de	pth: _124 Hole	e diameter: 20
Location of the source of any su	rface water used for drilling:	Surface Water		
Method of dosing and volume of	Chlorine used in drilling and d	evelopment: 50 PPN	1	
Logs run (check all applicable):	☑ No log run ☐ Electric ☐ Ga	amma Rav □ Density □	Sonic ☐ Neutron ☐	Other:
Name of organization running to				
Name of organization running lo				_
): 🛛 Water Well 🔲 Geote	echnical/Geological Invest	tigation	Source Heat Pump
Purpose of borehole (check one)): 🛭 Water Well 🔲 Geote	echnical/Geological Invest	tigation 🔲 Ground	
Purpose of borehole (check one)): 🛛 Water Well 🔲 Geote	echnical/Geological Invest	tigation 🔲 Ground	
Purpose of borehole (check one) If drilling is	⊠ Water Well	echnical/Geological Invest Other (describe) onstruction, skip the r	tigation	
Purpose of borehole (check one) If drilling is Purpose of Well (check all applic	⊠ Water Well	echnical/Geological Invest Other (describe) onstruction, skip the r Public Supply Irrigation	tigation	
Purpose of borehole (check one) If drilling is Purpose of Well (check all applic	Seismic Survey Mater Well	echnical/Geological Invest Other (describe) onstruction, skip the r Public Supply I Prigation	tigation	lock
Purpose of borehole (check one) If drilling is Purpose of Well (check all applic Other (describe): If a flowing well, method of flow recognitions.	Seismic Survey Mater Well	echnical/Geological Invest Other (describe) onstruction, skip the r Public Supply Irrigation Other (describe)	tigation	lock
Purpose of borehole (check one) If drilling is Purpose of Well (check all applic Other (describe): If a flowing well, method of flow r Static Water Level: 23	Seismic Survey	echnical/Geological Invest Other (describe) onstruction, skip the r Public Supply Irrigation Other (describe) clow] land surface	tigation	lock
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Form: OLWR-SWR-1A (4/13)

County: Issaquena Permit #: GW-49122				Office Use (Only:
remark. Ovi 10122			<u> </u>		
The sketch below only required f		Description of formations and boreholes, unless spe			l wells
	(SKUUL	Description of Formation	ns Encountered	From (depth)	To (depth)
Ground level		Clay		Ground level	33
		Fine Sand		34	47
		Fine Sand & Grave		48	65
		Med. Sand & Grav	el	66	122
		Clay		123	124
		****	-		
If more than one screen, show	location of each on sketch				
Sketch the property layout 1) the well location	-				
2) any permanent stru	ictures on the property that may	aid in locating the well			
4) a north arrow	nes, or other items that may aid	in locating the property and	d the well		
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					1
Landowner Name:			<u>.</u>		i
LUEDEDV ACOTICVA - · ··				Form: OLWR-SV	VR-1A (04/08)
requirements of the Mississ	ne well/borehole was drilled, con sippi Department of Environmen	nstructed, and completed in tal Quality and the Mississi	accordance with a ppi Department of	all applicable Health regulation	ns,
if applicable, and state laws 0695	5.	11-23-2015		2/	

11-23-2015 Date

Print Name of Responsible Licensee and License No.

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

County:	Issaquena	
Permit #:	GW-49122	
Driller:	Irrigation Eq	uipment Inc.
		11-16-2015

Copy information from block on Part 1

Print Name of Pump Installer and License No. (if applicable)

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

P.O. Box 2309 ackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well#:	B	95	
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 Location Well Owner Information** Owner Name: Chris Hamlin Latitude: 32 51' 53.6 Longitude: 90 59' 39.4" Mailing Address: 4237 Willette Road ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS MS 39159 NE 1/4 NW 1/4, Sec 28 T 12N R 8W Rolling Fork State Zip code City Rolling Fork Telephone No. (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 11-16-2015 Rated Pump Capacity: 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: 40 Setting Depth: 60 feet Number of Stages: 4 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: 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 GPM with a drawdown of _____ feet after _____ hours of pumping Meter Installation Meter Manufacturer: __ Meter Serial Number: _____ ______ Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): 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.

11-23-2015

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)

(1) 1 /////