

County: Issaquena
 Permit #: GW-49389
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 6-7-16

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 #: C9C
 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 completion 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: <u>Mrs. W H Crawford</u>			Latitude: <u>32 46' 15.4"</u> Longitude: <u>90 58' 53.4"</u>		
Mailing Address: <u>705 Crawford Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Gary</u> <u>MS</u> <u>39054</u>			<u>SE 1/4 NE 1/4, Sec 30 T 11N R 8W</u>		
City State Zip code					
Telephone No. () -			Miles <u>SW</u> of <u>Gary</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 6-7-16 Date drilling completed: 6-7-16 Hole depth: 116' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface Date measured: _____
 (check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 116 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 88 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 28 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From _____ feet to _____ feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ Feet

Received
 JUN 29 2016

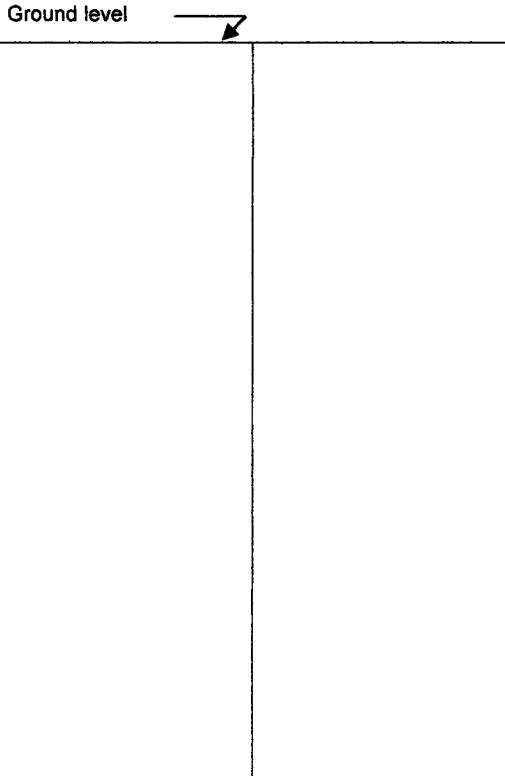
By OLWR

If telescoped or more than one screen, describe on next page

County: Issaquena
 Permit #: GW-49389

For Office Use Only:
 Well #: C90

*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	44
Fine Sand	45	55
Fine Sand & Gravel	56	63
Med. Sand & Gravel	64	72
Fine Sand	73	95
Med. Sand & Gravel	96	107
Clay	108	116
PVC Screen	65	72
Stainless Steel Screen	88	107

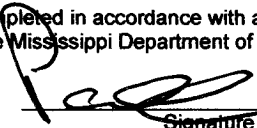
If more than one screen, show location of each on sketch

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

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 JUN 29 2016
 By OLWR

Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

0695 6-24-16  _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (04/08)
 Form: OLWR-SWR-1A (4/13)

County: Issaquena
 Permit #: GW-49389
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 6-7-16
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 #: 290
 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 Owner Information			Well Location		
Owner Name: <u>Mrs. W H Crawford</u>			Latitude: <u>32 46' 15.4"</u> Longitude: <u>90 58' 53.4"</u>		
Mailing Address: <u>705 Crawford Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Cary</u>	<u>MS</u>	<u>39054</u>	<u>SE 1/4 NE 1/4, Sec 30 T 11N R 8W</u>		
City	State	Zip code			
Telephone No. <u>() -</u>			<u> </u> Miles <u>SW</u> of <u>Cary</u>	<u> </u> (Distance) <u> </u> (Direction) <u> </u> (Nearest Town)	

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed _____ Rated Pump Capacity: 1500+/- 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: 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): _____ 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 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: JUN 29 2016

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter meets or exceeds 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 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)