	STATE WELL REPORT	For Office Use Only:
County: Issaquena	Part 1	Well#: <u>64C</u>
Permit #: GW-47900 A7899	Driller's Log Mississippi Department of Environmental Quality	Aquifer:
Driller: Irrigation Equipment	Office of Land and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: 08/15/2014	Jackson, MS 39225-2309	
	└ (601) 961-5210 (601) 360-0535 (fax)	
State Law requires that this report i	be prepared by the license holder responsible fo	r the work and filed with the
Department at the above address w	rithin 30 days of completion of drilling of the w	ell or borehole.
Well Owner Informa (Landowner if borehole is not fo		orehole Location
Owner Name: Carrie Aden Estate	Latitude: 32 34' 47.6 N	Longitude: 90 49' 20.0 W
Mailing Address: P.O. Box 156	Method of Lat/Long (check o	ne): 🔲 Conventional Survey,
J		
		ld GPS, D Survey-grade GPS
Valley Park Ms City State	<u>39177</u> e Zip code NE	, Sec <u>.38</u> T <u>9 N</u> R <u>6 W</u>
Telephone No. () -	4MilesSou	
	(Distance) (Direc	
	Well / Borehole Data	
Date drilling started: 08/15/2014 D	ate drilling completed: 08/15/2014 Hole depth: 12	7' Hole diameter: 24"
Location of the source of any surface wat	er used for drilling: Surface Water	
Mothod of docing and volume of Chloring	wood in drilling and developments 50 DDM	
	·	
	used in drilling and development: 50 PPM	Neutron D Other:
Logs run (check all applicable): 🛛 No log		Neutron D Other:
Method of dosing and volume of Chlorine Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	; run 🗌 Electric 🗌 Gamma Ray 🗍 Density 🗌 Sonic [Neutron Other: Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	ater Well	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S	g run [] Electric [] Gamma Ray [] Density [] Sonic [ater Well [] Geotechnical/Geological Investigation eismic Survey [] Other (<i>describe</i>)	Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S <i>If drilling is not rela</i>	arun 🗌 Electric 🗌 Gamma Ray 🗌 Density 🗌 Sonic 🗌 ater Well 🔹 Geotechnical/Geological Investigation reismic Survey 🔹 Other (<i>describe</i>) ated to water well construction, skip the remain.	Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S <i>If drilling is not rela</i>	g run [] Electric [] Gamma Ray [] Density [] Sonic [ater Well [] Geotechnical/Geological Investigation eismic Survey [] Other (<i>describe</i>)	Ground Source Heat Pump
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Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S <i>If drilling is not rela</i> Purpose of Well (check all applicable): 🗌	ater Well Geotechnical/Geological Investigation eismic Survey Other (<i>describe</i>) deted to water well construction, skip the remain Home Industrial Public Supply Irrigation I Fig	Ground Source Heat Pump
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I	For Office Use Only:
Well #:	G40

The sketch below only required for water wells

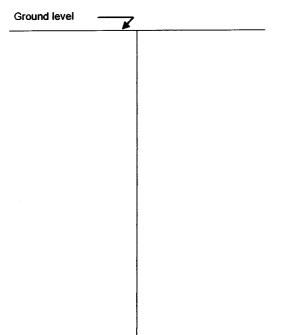
Permit #: GW-47900 47899

If well telescopes, show depths on sketch.

County: Issaquena

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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	39
Fine Sand	40	49
Fine Sand & Gravel	50	54
Medium Sand & Gravel	55	127
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and a second		

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

	and the second
	AUE 2 1 2014
ate	医学 道道部
Environmental Quality and	Form: OLWR-SWR-1A (04/08) d completed in accordance with all applicable d the Mississippi Department of Health regulations,
	Signature of Licensee
F	f Environmental Quality an 08/15/20

	STATE WE	LL REPORT	For Office Use Only:
County: Issaquena		rt 2	Well#: <u>C_AC</u>
Permit #: GW-08/15/2014 47899	Pump Installer's C	Completion Report	
Driller: Irrigation Equipment	Mississippi Department Office of Land and	ent of Environmental Quality and Water Resources Aquifer:	
Date drilling completed: 08/15/2014	P.O. B	ox 230 9	
Copy information from block on Part 1		39225-2309 61-5210	
	(601) 360-	-0535 (fax)	
This part of the report must be complete	ed by a licensed water well co	ntractor or a licensed pump	installer. A copy of Part 1
of the report must be anachea and both parts fued with the Depa Well Owner Information		ertment at the above address within 30 days of well completion. Well Location	
Owner Name: Carrie Aden Estate		atitude: 32 34' 47.6 N	Longitude: 90 49' 20.0 W
Mailing Address: P.O. Box 156	M	ethod of Lat/Long (check o	ne): 🔲 Conventional Survey,
] USGS quad, 🖾 Hand-he	d GPS, 🔲 Survey-grade GPS
Valley Park Ms	39177	SE ½ SW ½	Sec 30 T 9 N R 6 W
City State			
Telephone No. () -		4 Miles Sou	
	1_,	(Distance) (Direc	tion) (Nearest Town)
	Pump Type (ci	heck one)	
🗋 Submersible 🛛 Turbine 🗋 Air Lift 🗍 🤇	Centrifugal 🔲 Flowing Well [] Jet 🗌 Piston 🗌 Rotary [] Other (describe):
Date Pump Installed 08/15/2014		d Pump Capacity: 2500+	Gallons Per Minute
Is This Pump (check one): 🛛 New 🗌 Re	epaired I Replacement Power Type (c.	h	
Electric Diesel Gasoline Natu	ral Gas 🔲 Tractor PTO 🗋 V	Vindmill 🗌 Other (describe)	:
Horse Power Rating of Motor: 60	Setting Depth: 70'	feet N	umber of Stages 1
.	••••••• 9 - • •••••		
	Pump Test Data for N	on Flowing Well	
Date Well Tested:		-	
	Di	uration of Pump Test (minin	num 4 hours): Hou
Static Water Level (A): Fe			num 4 hours): Hour Feet Below Land Surfac
Static Water Level (A): Fe Drawdown [(B) - (A)]:	eet Below Land Surface Pi	umping Water Level (B):	Feet Below Land Surfac
Drawdown [(B) - (A)]:	eet Below Land Surface Pr Feet Below Land Surface	umping Water Level (B): Test Pumping Rate:	Feet Below Land Surfac
	eet Below Land Surface Pr Feet Below Land Surface Steel tape 🗋 Electric tape [umping Water Level (B): Test Pumping Rate: Air line Other <i>(describe</i>	Feet Below Land Surfac
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Drawdown [(B) - (A)]: Method of measurement (check one): □ Measured shut in head: Well yielded GPM with a Meter Manufacturer: Meter Model Number/Name: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fact Installation Date: Is This Meter (check one): □ New □ Re Important: By submitting the above For agricul HEREBY CERTIFY that the above state	eet Below Land Surface Pro- Feet Below Land Surface Steel tape [] Electric tape [] Pump Test Data for Feet a drawdown of Meter Instal tor (AF x .001, gal x 1000, et Meter installed by: paired [] Replacement information you are certifyin tural wells, a list of approved ements are true to the best of	umping Water Level (B): Test Pumping Rate: Air line □ Other (describe Flowing Well feet after feet after liation Meter Serial Number: Type of Meter: c): ng that this meter was instant d meters is on the MDEQ was	Feet Below Land Surfac Gallons Per Minul): hours of pumping