County:	Leflore	
Permit #:	GW-48987	,
Driffer:	Irrigation Eq	uipment Inc.
Date drilli	ing completed:	06/29/2015

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:	_
Aquifer:	
E-Log #:	_

State I aw requires that this report he prepared by the license holder responsible for the work and filed with the

Department at the above address within 30 days of con	mpletion 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: Michael Walker	Latitude: 33 41' 03.2 N Longitude: 90 21' 10.3 W
Mailing Address: 15280 County Road 112	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Schlater Ms 38952	NE ¼ SW ¼, Sec 13 T 21 N R 2 W
City State Zip code	ME 7 900 74, Sec 10 1 2114 (1 23)
elephone No. () -	2 Miles North of Schlater (Distance) (Direction) (Nearest Town)
Well / B	Sorehole Data
Date drilling started: 06/29/2015 Date drilling completed:	06/29/2015 Hole depth: 117' Hole diameter: 24"
ocation of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and de	evelopment: 50 PPM
.ogs run (check all applicable): 🛛 No log run 🗌 Electric 🔲 Ga	ımma Ray 🔲 Density 🔲 Sonic 🔲 Neutron 🔲 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geoter	echnical/Geological Investigation
, , , –	
	Other (describe) Replacement
	onstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐	Public Supply ⊠ Irrigation □ Fish Culture
☑ Other (describe): Replace GW-04008	
f a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 47' feet [□ above or ⊠ be (check one)	
Method of Measurement (check one) 🛭 Steel tape 🗌 Electric t	tape Air line Other: (describe)
Nell depth: 117' Well grouted to a depth of: 10' fe	eet Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix
Casing length: 77° feet Casing diameter: 10	6" inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 1	6" inches Type of screen: PVC
Screen slot size: .050 inches Setting dept	th: From feet to feet
First of a simulation (about all agrifficable). M. Consol marked T.	Underreamed ☐ Open hole ☐ Natural Development
i ype or completion (cneck all applicable): 区 Gravel packed 口	
☐ Other (describe):	
	A110 1 0 01

County: Leflore Permit #: GW-48987		For Office Use Well #: 18b	e Only:
The sketch below only required for water wells		nations encountered must be provided for This specifically exempted by regulations	all wells
If well telescopes, show depths on sketch.			
Ground level	Clay	mations Encountered From (depth Ground leve	
	Fine Sand	20	44
	Fine Sand & G		64
	Medium Sand		117
If more than one screen, show location of ea	h on sketch		
Sketch the property layout and include t 1) the well location 2) any permanent structures on the 3) any roads, power lines, or other 4) a north arrow	e following: property that may aid in locating the with the with the may aid in locating the prope	ell rty and the well	
Landowner Name: Michael Wa	ker		CIA/D 4.8 (0.4/08)
I HEREBY CERTIFY that the well/boreh requirements of the Mississippi Departn if applicable, and state laws.	ent of Environmental Quality and the M	eted in accordance with all applicable	R-SWR-1A (04/08) ations,
Patrick Chism 0695	08/03/2015		

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

County:	Leflore
Permit #:	GW-48987
Driller:	Irrigation Equipment Inc.
	06/20/2015

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

For Office Use Only: Aquifer:

Date drilling completed: 06/29/2015 Copy information from block on Part 1 (601) 360-0535 (fax)

Parent managidad b., Parent On & Diale 044 040 0400 Parent On & Diale and

of the report must be attached a Well Owner	Information				Well Lo		
Owner Name: Michael Walke	r		Latitude:	33 41' 03.	2 N L	ngitude:	90 21' 10.3 W
Mailing Address: 15280 Cour	ity Road 112		Method of	Lat/Long (c	heck one):	☐ Con	ventional Survey,
			USGS	quad, ⊠ Ha	and-held GP	S, 🗌 Su	rvey-grade GPS
Schlater	Ms	38952		<u>NE</u> 14 §	SW 1/4, Sec 1	<u>13</u> ⊤ <u>21 l</u>	<u>1</u> R <u>2 W</u>
City	State	Zip code					
Telephone No. ()			(Distanc	_ Miles _ e)	North (Direction)	of	Schlater (Nearest Town)
		Pump Type	e (check one)			
☐ Submersible 🛭 Turbine 🗖 Ai	r Lift 🗌 Centrifug	jal □ Flowing W	ell 🗌 Jet 🔲	Piston 🛮 R	otary 🗌 Oth	er (desc	ribe):
Date Pump Installed 06/30/2)15	R	Rated Pump (Capacity:	2300+/-		Gallons Per Minute
s This Pump (check one): 🛭 No	ew Repaired [Replacement	e (check one	1			
			•				
☐ Electric ☑ Diesel ☐ Gasoline						-	
Horse Power Rating of Motor:	60	Setting Depth:	80.	1	feet Numb	er of Stag	jes: <u>Z</u>
	Pu	mp Test Data fo	or Non Flow	ing Well			
Date Well Tested:			Duration of	Pump Tes	t <i>(minimum</i>	4 hours):	Hours
Static Water Level (A):				Vater Level	(B):	Fe	et Below Land Surface
Drawdown [(B) - (A)]:	Feet B	elow Land Surfa	ce TestPu	ımping Rate	e:		Gallons Per Minute
Method of measurement (check	one): 🗆 Steel ta	pe 🗌 Electric ta _l	pe 🔲 Air line	Other (describe):		
		Pump Test Data	for Flowing	y Well			
Measured shut in head:	Feet						
Well yielded G	PM with a drawd	own of		feet after		he	ours of pumping
		Meter In	stallation				
Meter Manufacturer:			Meter S	Serial Numb	er:		
Meter Model Number/Name: _				of Meter: _			
Totalizer Register Unit and Mult	iplier Factor (AF	x .001, gal x 100	0, etc):				
Installation Date:	Meter i	nstalled by:	<u>-</u>				
ls This Meter (check one): N	ew 🗌 Repaired [Replacement					
Important: By submitting t F	he above informa or agricultural w	ution you are cer ells, a list of app	tifying that th roved meters	is meter we is on the M	as installed i DEQ websi	o manufi le.	acturer standards.
I HEREBY CERTIFY that the a	bove statements	are true to the b	est of my kno	owledge.	1)) _
					~		
Patrick Chism	0695		08/	03/2015	- Ta		of Pump Installer