	STATE WELL REPORT	For Office Use Only:
County: Leflore	Part 1	Well #: <u>233</u>
Permit #: GW-48165	Driller's Log Mississippi Department of Environmental Quality	Aquifer:
Dritter: Irrigation Equipment	Office of Land and Water Resources	E-Log #:
Date drilling completed: 05/22/2014	P.O. Box 2309 Jackson, MS 39225-2309	
	(601) 961-5210 (601) 360-0535 (fax)	
	be prepared by the license holder responsible for the prepared by the license holder responsible for the within 30 days of completion of drilling of the w	
Well Owner Informat	ion Well or E	Borehole Location
(Landowner if borehole is not for		Longitude: 90 14' 08.2 W
Owner Name: Dunn Farms	Latitude: 33 27' 42.3 N	
Mailing Address: 9337 County Road 1	Method of Lat/Long (check of Lat	one): Conventional Survey,
	USGS quad, 🛛 Hand-he	eld GPS, 🗌 Survey-grade GPS
Itta Bena Ms City State		, Sec <u>31</u> T <u>19 N</u> R <u>1 E</u>
Telephone No. () -		hwest of Greenwood
, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ction) (Nearest Town)
· · · · · · · · · · · · · · · · · · ·	Well / Borehole Data	
Date drilling started: 05/22/2014 Da	ate drilling completed: 05/22/2014 Hole depth: 1	26' Hole diameter: 24"
Location of the source of any surface wate	er used for drilling: Surface Water	
Mothod of dooing and volume of Oblasing		
wention 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	
Logs run (check all applicable): 🛛 No log Name of organization running log(s):	run 🗌 Electric 🗍 Gamma Ray 🗌 Density 🗌 Sonic	
Logs run (check all applicable): 🛛 No log Name of organization running log(s):	run 🗌 Electric 🗍 Gamma Ray 🗌 Density 🗌 Sonic	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 Wa 🗌 Se	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): 🖾 Wa 🗌 Se	run Electric Gamma Ray Density Sonic	Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 Wa 🗌 Se If drilling is not rela	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):	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe) ated to water well construction, skip the remain	Ground Source Heat Pump
Name of organization running log(s): Purpose of borehole (check one): X Wa Se <u>If drilling is not rela</u> Purpose of Welł (check all applicable): Other (describe):	run Electric Gamma Ray Density Sonic ater Geotechnical/Geological Investigation eismic Survey Other (describe)	Ground Source Heat Pump
Logs run (check all applicable):	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	Ground Source Heat Pump
Logs run (check all applicable):	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	Ground Source Heat Pump
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Logs run (check all applicable):	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	Ground Source Heat Pump
Logs run (check all applicable): ⊠ No log Name of organization running log(s): Purpose of borehole (check one): ⊠ Wa □ Se <i>If drilling is not rela</i> Purpose of Well (check all applicable): □ □ Other (describe): □ Other (describe): If a flowing well, method of flow regulation Static Water Level: 23' Method of Measurement (check one) ⊠ S Well depth: 126' Well grouted to a d Casing length: 86' feet	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	□ Ground Source Heat Pump
Logs run (check all applicable): No log Name of organization running log(s): Purpose of borehole (check one): Va	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	□ Ground Source Heat Pump
Logs run (check all applicable): No log Name of organization running log(s): Purpose of borehole (check one): Va	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	□ Ground Source Heat Pump
Logs run (check all applicable): ⊠ No log Name of organization running log(s): Purpose of borehole (check one): ⊠ Wa □ Se If drilling is not relation Purpose of Well (check all applicable): □ Other (describe): □ Other (describe): If a flowing well, method of flow regulation Static Water Level: 23' Method of Measurement (check one) S Well depth: 126' Well depth: 40' Screen length: 40' Type of completion (check all applicable): □ Other (ideoxibe):	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	□ Ground Source Heat Pump
Logs run (check all applicable): ⊠ No log Name of organization running log(s): Purpose of borehole (check one): ⊠ Wa □ Se If drilling is not relation Purpose of Well (check all applicable): □ □ Other (describe): □ Other (describe): If a flowing well, method of flow regulation Static Water Level: 23' Method of Measurement (check one) ⊠ S Well depth: 126' Well grouted to a d Casing length: 86' feet Screen length: 40' feet Screen slot size:	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe)	□ Ground Source Heat Pump

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

	For Office Use Only:
Well #:	6331

The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Leflore
Permit #: GW-48165

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Ground level

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	23
Fine Sand	24	38
Fine Sand & Gravel	39	55
Medium Sand & Gravel	56	126
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If more than one screen, show location of each on sketch

		·····
Sketch the property layout and include the following:		
1) the well location	waid in location the	well
2) any permanent structures on the property that ma3) any roads, power lines, or other items that may a		
4) a north arrow	ia in locating the pro	perty and the weil
- y a north anow		
Landowner Name: Dunn Farms		
LUEDEDV OEDTIEV that the well there had a way drilled		Form: OLWR-SWR-1A (04/08)
I HEREBY CERTIFY that the well/borehole was drilled, co requirements of the Mississippi Department of Environme		
if applicable, and state laws.	inter county and the	in possippi Department of Health regulations,
Patrick Chism 0695	05/29/2014	
Print Name of Responsible Licensee and License No.	Date	Signature of License
		Form: OLWR-SWR-1A (4/13)
		JUN 0 4 2014
		JUN V 4 2014

	STATE WE	LL REPOR			Office Use Only:
County: Leflore		rt 2		Well #:	L331
Permit #: GW-48165	Pump Installer's (Completion Re	eport		
Driller: Irrigation Equipment	Mississippi Department Office of Land and	of Environmental Water Resource	Quality s	Aquifer:	
Date drilling completed: 05/22/2014	P.O. B	ox 2309			
Copy information from block on Part 1		39225-2309 61-5210	L.		
		-0535 (fax)			
This part of the report must be complete	d by a licensed water well co	ntractor or a licen	sed pump i	nstaller. A	A copy of Part 1
of the report must be attached and both	parts filed with the Departm	ent at the above ad	dress withi	n 30 days	of well completion.
Well Owner Informa	tion		Well	Location	1
Owner Name: Dunn Farms	La	atitude: 33 27' 4	2.3 N	Longitud	de: 90 14' 08.2 W
Mailing Address: 9337 County Road	142	othod of Lat/Long	/check one	.v. ⊓o	Conventional Survey,
Valling Address. <u>3357 County Road</u>		ethod of Laveong	(CHECK ONE	<i>э</i> . ЦС	onventional Survey,
] USGS quad, 🖾	Hand-held	GPS, 🗋	Survey-grade GPS
Itta Bena Ms	38941	SE ½	4 SW 1/4. S	ес 31 Т 1	19 N R 1 E
City State		<u> </u>	· <u></u> · · , -		
Telephone No. () -		4 Miles		est of	
		(Distance)	(Directio	n)	(Nearest Town)
	Pump Type (c	heck one)			
🗆 Submersible 🛛 Turbine 🗖 Air Lift 🗖 🤇	Centrifugal 🔲 Flowing Well [] Jet 🗌 Piston 🗌	Rotary 🛛	Other (de	escribe):
Date Pump Installed 05/25/2014	Rate	d Pump Capacity:	2500+/-		Gallons Per Minute
s This Pump <i>(check one)</i> : 🛛 New 🗌 Re	Power Type (c		describe):		
Is This Pump <i>(check one)</i> : ⊠ New	Power Type (c ral Gas] Tractor PTO] V	Vindmill 🔲 Other (
Is This Pump <i>(check one)</i> : ⊠ New □ Re □ Electric ⊠ Diesel □ Gasoline □ Natu Horse Power Rating of Motor:60	Power Type (c ral Gas	Vindmill 🗌 Other (_ feet Nur		
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BY: OLWR