	STATE WELL REPO		or Office Use Only:
County: Quitman	Part 1	Well #	11155
Permit #: GW-47619 🗸	Driller's Log Mississippi Department of Environment	Aquife	r:
Driller: Irrigation Equipment	Office of Land and Water Resour		#:
Date drilling completed: 08/15/2013	P.O. Box 2309 Jackson, MS 39225-2309		
	└ (601) 961-5210 (601) 360-0535 (fax)		
State Law requires that this report i	be prepared by the license holder resp	onsible for the w	vork and filed with the
	ithin 30 days of completion of drilling		orehole.
(Landowner if borehole is not fo		AAGII OL DOLGHON	e Locauon
Owner Name: Land Management Gro	up LLC Latitude: 34 14	04.1 N Long	gitude: 90 14' 36.9 W
Mailing Address: P.O. Box 1720	Method of Lat/Lor	ng (check one):	Conventional Survey,
	USGS quad, [Hand-held GPS,	, Survey-grade GPS
Collierville TN City State		<u>E</u> ¼ <u>SE</u> ¼, Sec <u>1</u>	T <u>27 N</u> R <u>1 W</u>
City State Telephone No. () -	e Zip code 3 Mile:	s Northeast	of Lambert
	(Distance)	(Direction)	(Nearest Town)
	Well / Borehole Data		· · · · · · · · · · · · · · · · ·
Date drilling started: 08/15/2013 D	ate drilling completed: 08/15/2013 Hole	depth: 120	Hole diameter: 24"
Location of the source of any surface wat	er used for drilling: Surface Water		
•			
Method of dosing and volume of Chlorine	used in drilling and development: 30 F	PM	
-	run 🗌 Electric 🗋 Gamma Ray 🗋 Density		ron Other:
		Sonic 🗌 Neutr	ron [] Other:
Logs run (check all applicable): 🛛 No log Name of organization running log(s):	run 🗌 Electric 🗋 Gamma Ray 🗍 Density	Sonic Neutr	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🕅 W	run 🗌 Electric 🗋 Gamma Ray 🗌 Density ater Well 🔹 🗍 Geotechnical/Geological Inv	Sonic Neutr	ron Other:
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Logs run (check all applicable):	run Electric Gamma Ray Density ater Well Geotechnical/Geological Inv eismic Survey GOther (describe) ated to water well construction, skip th Home Industrial Public Supply Irrig	Sonic Neutr vestigation G are remainder of gation Fish Cultu	Ground Source Heat Pump
Logs run (check all applicable):	I run Electric Gamma Ray Density ater Well Geotechnical/Geological Investment eismic Survey Other (describe) ated to water well construction, skip the Home Industrial Public Supply Industrial Other (describe) X Valve Other (describe) Y Other Other (describe)	Sonic Neutr Vestigation G	Sround Source Heat Pump this block ure 08/16/2013
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		r Office Use (Only:
County: Quitman	Well #:	1+155	
Permit #: <u>GW-47619</u>			
he sketch below only required for water wells f well telescopes, show depths on sketch.	Description of formations encountered must and boreholes, unless specifically exempted	by regulations	
Ground level	Description of Formations Encountered	From (depth)	To (depth
	Clay	Ground level	22
	Fine Sand	23	39
	Fine Sand & Gravel	40	53
	Medium Sand & Gravel	54	120
fmore than one screen, show location of each on sketcl			

- 2) any permanent structures on the property that may aid in locating the well3) 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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RECENSED

SEP 2 5 2013

BY: CLMPP

Land Management Group LLC Landowner Name:

			Form: OLWR-SWR-1A (04/08) peted in accordance with all applicable Mississippi Department of Health regulations,
if applicable, and state laws.		09/20/2013	Yoz-
Patrick Chism	0695		1Ge
Print Name of Responsible Lic	ensee and License No.	Date	Signature of Licensee

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

	STATE W	ELL REPORT	Fo	or Office Use Only:
County: Quitman		Part 2	Well #:	H155
Permit #: GW-47619		's Completion Repo		
Driller: Irrigation Equipment		ent of Environmental Qu and Water Resources	ality Aquifer	
Date drilling completed: 08/15/2013	P.C). Box 2309		
Copy information from block on Part 1		MS 39225-2309 1) 961-5210	L .,	
		360-0535 (fax)		
This part of the report must be complete	ed by a licensed water we	ll contractor or a licensed	pump installe	r. A copy of Part 1
of the report must be attached and both	parts filed with the Depa		ss within 30 d	ays of well completion.
Well Owner Informa	ation		Well Locati	ion
Owner Name: Land Management Gr	oup LLC	Latitude: 34 14' 04.1	N Long	itude: 90 14' 36.9 W
Mailing Address: P.O. Box 1720		Method of Lat/Long (ch	eckope) [,] F	Conventional Survey
Maining Address. 1.0. Dox 1120		Method of Lastony (Ch		1 Conventional Survey,
		USGS quad, 🛛 Har	d-held GPS,	Survey-grade GPS
Collierville TN	38017	SE ½ S	E 14, Sec 1 T	27 N R 1 W
City Stat			<u>-</u> .	
Telephone No. () -			Northeast	
		(Distance)	(Direction)	(Nearest Town)
	Pump Type	e (check one)		
🗆 Submersible 🛛 Turbine 🗖 Air Lift 🗍	Centrifugal 🔲 Flowing W	/ell 🗋 Jet 🗋 Piston 🗌 Ro	tary 🗌 Other	(describe):
Date Pump Installed 08/16/2013	F	Rated Pump Capacity: 2	500+/-	Gallons Per Minute
Date Pump installed Vor forzy is				·····
•				
Is This Pump (check one): New Re		e (check one)		
Is This Pump (check one): 🛛 New 🗌 Re	Power Typ	e (check one)	cribe):	
Is This Pump (check one): 🛛 New 🗌 Ru 🗆 Electric 🖾 Diesel 🗋 Gasoline 🗋 Natu	Power Typ Iral Gas Tractor PTO	e (check one) Windmill Other (des		f Stange 1
Is This Pump (check one): 🛛 New 🗌 Re	Power Typ Iral Gas Tractor PTO	e (check one) Windmill Other (des		f Stages: 1
Is This Pump (check one): 🛛 New 🗌 Ru 🗆 Electric 🖾 Diesel 🗋 Gasoline 🗋 Natu	Power Typ Iral Gas [] Tractor PTO Setting Depth:	e (check one) U Windmill D Other (des 70 fe		f Stages: 1
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Is This Pump (check one): ☑ New □ Ri □ Electric ☑ Diesel □ Gasoline □ Natu Horse Power Rating of Motor: 60 □ Date Well Tested: □ Static Water Level (A): Fo Drawdown [(B) - (A)]: Method of measurement (check one): □ Method of measurement (check one): □ Method of measurement (check one): □ Meter Manufacturer: Meter Manufacturer: None Installed Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor Installation Date: Is This Meter (check one): □ New □ Reference Important: By submitting the above For agricue	Power Typ Iral Gas Tractor PTO Setting Depth: Pump Test Data for eet Below Land Surface Feet Below Land Surface Steel tape Electric tap Pump Test Data Feet a drawdown of Meter In tor (AF x .001, gal x 1000 Meter installed by: Expaired Replacement information you are cert clural wells, a list of appr ements are true to the be 0695	e (check one) Windmill D Other (des 70 fe fe for Non Flowing Well Duration of Pump Test Pumping Water Level (fee Test Pumping Rate: pe Air line D Other (de for Flowing Well feet after feet after feet after feet after fo, etc):	et Number o	ours): Hours _ Feet Below Land Surface Gallons Per Minute hours of pumping

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