	State W	ell Report	
County: Sharkey	Part 1 – I	Driller's Log	For Office Use Only:
Permit #: <u>GW 44021 /</u>	Mississippi Departmer Office of Land a	nt of Environmental Quality nd Water Resources	Aquifer: <u>A 180</u>
Irrigation Equipment	P.O .	Box 2309	Well #:
3-17-2010 Date drilling completed:		n, MS 39225 961- 5210	L. S. Elevation:
		1- 5228 (fax)	E-log #:
State Law requires that this repor	t be prepared by the lic	ense holder responsible for a	the work and filed with the
Department at the above address Information on Well C	within 30 days of comp	eletion of drilling of the well	or borehole.
(Landowner if borehole is not fo			rehole Location 7 90 51 54.9
OwnerName Carol Finer	ty	Latitude: 55 00 , 55	7 90 51 54.9 "Longitude:"
Mailing Address:	get Circle	Method of Lat/Long (circle or	••
			GPS, Survey-grade GPS
Lincoln CA	95648	<u></u>	$l_{\text{Twn}} \frac{14N}{2} Rng \frac{6W}{7W}$
	e Zip Code	SE NE	
Telephone No. ()		Distance DirectionMiles	of Panther Burn
	Well / Bore		
Date drilling started: $3-17$ Date dri	lling completed: $3-1$	7 Hole depth: 127	Hole diameter: 24"
Location of the source of any surface water Method of dosing and volume of Chloring	r used for drilling:S	urface Water	
Method of dosing and volume of Chlorine			
Logs run (circle all applicable) (No log run Name of organization running log(s):			
Purpose of borehole (check one): Water We	ell X Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S If drilling is not related	urvey Other (describe)	, <u>skip the remainder of this blo</u>	ock
Purpose of Well (check one): Home In			
If a flowing well, method of flow regulation			
Static Water Level:feet abo	ove or below (circle one) la	and surface Date measured:	
Method of Measurement (circle one) ste			
Well depth: <u>127</u> Well grouted to a dep	th of <u>10</u> feet Type	of grout (circle one): Neat Ceme	ent Bentonite) Mix
Casing length: <u>87</u> feet Casing	g diameter: 16	_inches Type of casing:	pvc
Screen length: 40 feet Screen			
Screen slot size: <u>.050</u> inches			
Type of completion (circle all applicable):	Gravel packed Undern	eamed Telescoped Open l	ole Natural Development
t			
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one scree	n, describe on next page
	1		Form: OLWR-SWR-1A (04/08)

Note: Land is farmed by Hollingsworth & Company.

180

The sketch below only required for water wells

If well telescopes, show depths on sketch.	
Ground Level	

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	27
Fine Sand	28	38
Fine Sand/gravel	39	54
Med. Sand	55	81
Med. Sand Med. Sand/gravel	82	123
Clay	124	127
		· · · ·

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.

Landowner Name: ______

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

I 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.

Patrick M. Chism 0695 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Mailing Address: 953 Gold Nugget Circle Mailing Address: 953 Gold Nugget Circle Lincoln CA 95648 Wethod of Lat/Long (check one): Conventional Survey	Driller: Date completed: Corr information fre	44021 n Equipment 3-17-2010	P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)		For Office Use Oaly: Aquifer: A 80 Well #: Elevation:
Well Downer Information Carol Finerty Well Lession Owner Name:	This part of the rep report must be atta	port must be completed iched and both parts fil	by a licensed water well d with the Department	l contractor or a licensed pump i	installer. A copy of Part 1 of the
Owner Name:		Well Owner Informat	tion		
Mailing Address: 953 Gold Nugget Circle Lincoln CA 95648 City State City State Zip Code Pamp Type Circle one Setting Depth: 70 feet Pamp Type Circle one Circle one Static Value Callons Per Minute Number of Stages: Dravedown (IB)-(A)! Feet Below Land Surface	Owner Name:	Carol Fir	herty	Latitude:	Longitude:
Lincoln CA 95648 City State Zip Code Pemp Type Direction of City State Zip Code NW % NW % Sec. Pamp Type Direction of Panest Town City State Zip Code Direction of Panest Town Air Lift Jet Submersible Direction Of Panest Type Circle one Circle one Circle one Circle one Circle one Centrifugal Rotary Flowing Well Windmill Other (specify): Indepactive: 1 Date Pump Installed:	Mailing Address: 953 Gold Nugget C		gget Circle		
Lincoln CA 95648 City State Zip Code Telephone No. (
City State Zip Code Telephone No. (_	Lincoln CA	95648		
Telephone No. (ī	City State	Zip Code	<u></u>	$\underline{}_{\mathbf{U}} \mathbf{T}_{\mathbf{U}} \mathbf{T}_{\mathbf{U}} \mathbf{R}_{\mathbf{U}} \mathbf{R}_{\mathbf{U}}$
Pamp Type Circle one Air Lift Power Type Circle one Circle one Dissel Engine Over Type Circle one Circle one Dissel Engine Over Type Circle one Dissel Engine Over Type Circle one Dissel Engine Natural Gas Bucket Piston Tractor PTO Dissel Engine Gasoline Engine Natural Gas Centrifugal Rotary Flowing Well Windmill Other (specify):				Distance Direction Miles	Nearest Town f Panther Burn
Air Lift Jet Submersible Circle one Natural Gas Bucket Piston Turbine Flowing Well Windmill Other (specify):					
Air Lift Jet Submersible Circle one Submersible Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):				Po	wer Type
Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift		Submersible		
Centrifugal Rotary Flowing Well Other (specify):	Bucket	Piston	Turbine		_
Other (specify):	Centrifugal	Rotary	\smile		-
Date Pump Installed:	Other (masiful)	•	-		
Rated Pump Capacity: 2800 ± Gallons Per Minute Number of Stages: 1 Pump Test Data Method of Measuring Water Level Date Well Tested:					
Pump Test Data Method of Measuring Water Level Date Well Tested:				Setting Depth:	feet
Date Well Tested:	Rated Pump Capacit	y: 2800±	Gallons Per Minute	Number of Stages:1	
Date Well Tested:		Pump Test Data			
Static Water Level (A):Feet Below Land Surface Other (specify): Pumping Water Level (B):Feet Below Land Surface Other (specify): Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet If East Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours feet afterhours of pumping This is for (circle one): New Well Replacement of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Yint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1C (07-09) Form: OLWR-SWR-1C (07-09)	Date Well Tested:	p ~	<u></u>	C	ircle one
Imping water Level (B):	Static Water Level (A	A):Feet	Below Land Surface	Air Line Electric Mea	suring Line Steel Tape
Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Trint Name of Pump Installer and License No. (if applicable)	Pumping Water Leve	el (B): Feet I	Below Land Surface	Other (specify):	
Test Pumping Rate: Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet afterhours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Signature of Pump Installer Tint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1C (07-09)					
Duration of Pump Test (minimum 4 hours):					
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Fint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1C (07-09)				Well yielded	_GPM with a drawdown of
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Patrick M. Chism 0695 rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1C (07-09)					· · · · · · · · · · · · · · · · · · ·
Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09)	This is for (circl	e one): New Well	Replacement of Exi	isting Pump Repair of Ex	isting Pump
Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09)					isting Pump
Form: OLWR-SWR-1C (07-09)	HEREBY CERTIF	Y that the above stateme	ents are true to the best of		isting Pump
	HEREBY CERTIF Patrick M	Y that the above statements of the statement of the state	ents are true to the best of 95	of my knowledge.	
	HEREBY CERTIF Patrick M	Y that the above statements of the statement of the state	ents are true to the best of 95	of my knowledge.	staller
	HEREBY CERTIF Patrick M	Y that the above statements of the statement of the state	ents are true to the best of 95	of my knowledge.	staller
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