

County: Sharkey
 Permit #: GW-451551
 Irrigation Equipment
 Driller:
 Date drilling completed: 5-23-11

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: A19C
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Harry Patton III</u>	Latitude: <u>33.00.555"</u> Longitude: <u>90.48.30.9</u>
Mailing Address: <u>29273 Hwy 61</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Anguilla</u> <u>Ms.</u> <u>38721</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>34</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Nitta Yuma</u>

Well / Borehole Data

Date drilling started: 5-23-11 Date drilling completed: 5-23-11 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 19 feet above below (circle one) land surface Date measured: 5-24-11

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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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
(601)961-5210
(601)961-5228 (fax)

County: Sharkey
Permit #: GW-45155
Irrigation Equipment
Driller:
Date completed: 5-23-11
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: A19C
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information: Harry Patton III, 29273 Hwy 61, Anguilla Ms. 38721
Well Location: Latitude: 33°00'55" Longitude: 90°48'31"
Method of Lat/Long: Conventional Survey
USGS quad: NE 1/4 SW 1/4 Sec 34 T 14N R 6W
Distance: 2 Miles Direction: E of Nearest Town: Nitta Yuma

Pump Type: Turbine
Power Type: Diesel Engine
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 1
Rated Pump Capacity: 2500 ± Gallons Per Minute

Pump Test Data: Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line
Electric Measuring Line
Steel Tape
Other (specify):
For flowing well, measured shut in head:
Well yielded GPM with a drawdown of
feet after hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWRI 1P (07-09)

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