County:	Sharkey	
	GW-47825	<u> </u>
Driller: Irrigation Equipment		
	ing completed:	01/27/2014

# 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:	
Well #:	A226
Aquifer:	
E-Log #:	

d but he licence helder responsible for the work and filed with the

State Law requires that this report be prepared by the tice Department at the above address within 30 days of comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: G M Farms/	Latitude: 33 02' 10 N Longitude: 90 53' 49 W
Mailing Address: 384 Mahalitc Road	Method of Lat/Long (check one):   Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Rolling Fork Ms 39159	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>27</u> T <u>14 N</u> R <u>7 W</u>
City State Zip code Telephone No. ( ) -	2 Miles West of Nitta Yuma
releptione No.	(Distance) (Direction) (Nearest Town)
Well / Bo	rehole Data
Date drilling started: 01/27/2014 Date drilling completed:	01/27/2014 Hole depth: 125 Hole diameter: 24"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	ma Ray 🔲 Density 🗎 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): ☑ Water Well ☐ Geotech	nical/Geological Investigation
☐ Seismic Survey	Other ( <i>describe</i> )
	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P	
Other (describe):	-
If a flowing well, method of flow regulation: Valve	
4.00	
Static Water Level: 19 feet [☐ above or ☒ below (check one)	w] land surface Date measured: 01/30/2014
Method of Measurement (check one) ☑ Steel tape ☐ Electric tap	e Air line Other: (describe)
Well depth: 125 Well grouted to a depth of: 10 feet	Type of grout <i>(check one)</i> : ☐ 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 <b>86</b> feet to <b>125</b> feet
Type of completion (check all applicable): ☑ Gravel packed ☐ Ur	nderreamed  Open hole  Natural Development
Other (describe):	A Company of the second
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than one	e screen, describe on next page
	Form: OLWR-SWR-1A (4/13)

County: Sharkey Permit #: GW-47825	2	or Office Use C	Only:
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encountered mand boreholes, unless specifically exempt		l wells
	<b>Description of Formations Encountered</b>	From (depth)	To (depth)
Ground level	Clay	Ground level	25
	Brown Sand	26	35
	Fine Sand	36	45
	Medium Sand	46	55
		56	65
	Course Sand		
	Course Sand & Gravel	66	125
			<u></u>
			-
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 m  3) any roads, power lines, or other items that may a  4) a north arrow	ay aid in locating the well aid in locating the property and the well		
		S San V San	
0.415			
Landowner Name: G M Farms		Form: OI WR-SV	******
I HEREBY CERTIFY that the well/borehole was drilled, of	constructed, and completed in accordance w	ith all applicable	` ′
requirements of the Mississippi Department of Environm	ental Quality and the Mesiss ppi Departmen	t of Health regulation	ns,
if applicable, and state laws.		<b>—</b> 3 —	
Patrick Chism 0695	02/18/2014		
Print Name of Responsible Licensee and License No.	Date Signat	ture of Licensee	

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

County:	Sharkey
Permit #:	GW-47825
Driller:	Irrigation Equipment
Data drilli	ing completed: 01/27/2014

Copy information from block on Part 1

Print Name of Pump Installer and License No. (if applicable)

## 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 (601) 360-0535 (fax)

For Office Use Only:		
Well#:	A 276	
Aquifer:		

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 **Well Location** Owner Name: G M Farms Latitude: 33 02' 10 N Longitude: 90 53' 49 W Mailing Address: 384 Mahalitc Road ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS Ms 39159 NE 1/4 NE 1/4, Sec 27 T 14 N R 7 W **Rolling Fork** State Zip code City West Nitta Yuma Telephone No. (Direction) (Nearest Town) (Distance) Pump Type (check one) ☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Date Pump Installed 01/30/2014 Rated Pump Capacity: 2500+/- Gallons Per Minute Is This Pump (check one): ☑ New ☐ Repaired ☐ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): \_\_ feet Number of Stages: 1 Setting Depth: 70 Horse Power Rating of Motor: 60 **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: \_ Feet GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: None installed Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 02/18/2014 **Patrick Chism** 

Date

Form: OLWR-SWR-1B (4/13)

Signature of Pump Installer