County:	Sharkey	
	GW-47824	
l	Irrigation Eq	
1	ing completed:	

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#:	H227
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the li Department at the above address within 30 days of com	icense holder responsible for the work and filed with the poletion of drilling of the well or horehole.
Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name: G M Farms	Latitude: 33 02' 10.0 N Longitude: 90 54' 20.0 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> 1/4 <u>NW</u> 1/4, Sec <u>27</u> T <u>14 N</u> R <u>7 W</u>
City State Zip code	A New York
Telephone No. () -	3 Miles West of Nitta Yuma (Distance) (Direction) (Nearest Town)
Well / Bo	orehole Data
Date drilling started: 01/25/2014 Date drilling completed:	01/25/2014 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 dev	velopment: 50 PPM
Logs run (check all applicable): 🛛 No log run 🗌 Electric 🗌 Gan	nma Ray 🗌 Density 🔲 Sonic 🗋 Neutron 🗍 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotec	hnical/Geological Investigation
	Other (describe)
If drilling is not related to water well con	nstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ F	Public Supply ⊠ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 19' feet [□ above or ⊠ belo (check one)	bw] land surface Date measured: 01/27/2014
Method of Measurement (check one) $oxtime Steel tape igsqcup Electric ta_{oxtime}$	pe Air line Other: (describe)
Well depth: 125 Well grouted to a depth of: 10 fee	et Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
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 (check all applicable): 🛛 Gravel packed 🗍 U	Inderreamed ☐ Open hole ☐ Natural Development
☐ Other (describe):	
	. ,
Top of lap pipe or reduction in casing: Feet	
if telescoped or more than on	ne screen, describe on next page

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

			For Office Use	Only:
county: Sharkey		w	ell#: #22	
		**	CII #	
ermit #: GW-4782	4	L_		
		Description of formations encount	and west he provided for	e all walls
he sketch below only reg	juirea for water wens	and boreholes, unless specifically of		uu reus
well telescopes, show de	epths on sketch.			
Ground level		Description of Formations Encou	intered From (depth Ground leve	
	<u>k</u>	Clay		
		Brown Sand	16	35
	•	Fine Sand	36	55
	}	Medium Sand	56	65
	<u> </u>	Course Sand	66	75
		Course Sand & Gravel	76	125
more than one coreer	, show location of each on sketch			
more man one screen	i, snow location of each on sketch			
the well locate any permane	nt structures on the property the ower lines, or other items that n		·II	
			i ja	
			THE CONTRACT OF THE CONTRACT O	r * ;
andowner Name:	G M Farms		1.25 % 1.27 st = 1	
HEREBY CERTIFY	that the well/borehole was drill	ed, constructed, and completed to accorda	ance with all applicable	-SWR-1A (04/08
equirements of the M Fapplicable, and stat Patrick Chism	nississippi Department of Envir e laws. 0695	conmental Quality and the Mississ opi Depa	arrment or Health regula	uons,

Date

Print Name of Responsible Licensee and License No.

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

County:	Sharkey	
Permit #:	GW-47824	
Driller:	Irrigation Eq	uipment
Date drill	ing completed:	01/25/2014

Copy information from block on Part 1

Patrick Chism

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

ckson, MS 39225-230 (601) 961-5210 (601) 360-0535 (fax)

For Office Use Only:	
Well#:	A 22.7
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' 10.0 N Longitude: 90 54' 20.0 W Mailing Address: 384 Mahalitc Road ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS Ms 39159 Rolling Fork NE 1/4 NW 1/4, Sec 27 T 14 N R 7 W State Zip code Telephone No. West Nitta Yuma (Distance) (Direction) (Nearest Town) Pump Type (check one) ☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Date Pump Installed 01/27/2014 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): Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): ____ Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: ___ Gallons Per Minute 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): Installation Date: 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

Date

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

Signature of Pump Installer