•		
County:	Sharkey	
Permit #:	GW-48621	
Driller:	Irrigation Eq	uipment Inc.
	ing completed:	04/02/2015

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 #:	A-244
Aquifer:	
E-Log #:	

Well Owner Inform	nation	tas	<i>the well or boreho</i>	
(Landowner if borehole is not		33 04 1		90 46 40
Owner Name: Wethree LLC		Latitude: 33 94' 13		90 46' 42.2 W
Mailing Address: P.O. Box 8			check one):	
		☐ USGS quad, ☑ H	and-held GPS, ☐ Su	rvey-grade GPS
Glen Allen Ms	38744	SW-7	SW 1/4, Sec 1/2 T 14 I	NR6W
	ate Zip code			
Telephone No		1 Miles	West of _	Delta City
	<u> </u>	(Distance)	(Direction)	(Nearest Town)
	Well / E	Sorehole Data		
Date drilling started: 04/02/2015	Data dellina assestata d	. 0.4.0.2/2015	127'	. diamatan. 24*
Date drilling started: 040212013	Date drilling completed:	04/02/2015 Hole de	otn: <u>121</u> Hole	e diameter: _24
Location of the source of any surface w	vater used for drilling:	Surface Water		
Method of dosing and volume of Chlori	ne used in drilling and de	evelopment: 50 PPN	I	
_	_			
Logs run (check all applicable): 🛛 No l	og run 🗌 Electric 🗌 Ga	mma Ray 🗌 Density 🗍	Sonic 🗌 Neutron 🗍	Other:
Name of organization running log(s):				
_			_	
Purpose of borehole (check one):	Water Well	chnical/Geological Invest	igation	Source Heat Pump
	Seismic Survey	Other (describe)		
If drilling is not re	elated to water well c	onstruction, skip the r	omainder of this h	lock
		The state of the s	container of this of	oen
			on 🗌 Fish Culture	
			on 🗌 Fish Culture	
Other (describe): Replace	5 GW-36	903	on □ Fish Culture	A
Other (describe): Replace	5 GW-36	903	on □ Fish Culture	
☐ Other (describe): Replace	5 GW-36		on	3/2015
Other (describe): Replace If a flowing well, method of flow regulati Static Water Level: 25'	5 GW - 36 ion: Valve feet [□ above or ⊠ be (check one)		ate measured: _04/0	3/2015
Other (describe): Replace If a flowing well, method of flow regulati Static Water Level: 25' Method of Measurement (check one)	5 GW - 36 ion: Valve feet [□ above or ⊠ be (check one) Steel tape □ Electric t		ate measured:	
Other (describe): Replace Accelling the property of the	S GW - 36 ion: Valve feet [□ above or ⊠ be (check one) Steel tape □ Electric to a depth of: 10' feet 10' feet 10'	Other (describe) elow] land surface D sape	ate measured:	t ⊠ Bentonite 🔲 Mi
Other (describe): Poplace If a flowing well, method of flow regulation Static Water Level: Method of Measurement (check one) Well depth: 127' Well grouted to a Casing length: 87' feet	ion: Valve	Other (describe)Other (describe)Other (describe)Other: ape	ate measured:	t ⊠ Bentonite □ M
Other (describe): Per Ace If a flowing well, method of flow regulation Static Water Level: Method of Measurement (check one) Well depth: Casing length: 87' feet Screen length: 40' feet	feet [□ above or ☒ be (check one) Steel tape □ Electric to a depth of: 10' fee	Other (describe) Other (describe) Plow] land surface Dape	ate measured: 04/0: (describe) one): Neat Cemen Type of casing: PV	t ⊠ Bentonite □ M C
Other (describe): Paper Ace If a flowing well, method of flow regulation Static Water Level: Method of Measurement (check one) Well depth: Casing length: 87' feet Screen length: 40' feet Screen slot size: .050	feet [☐ above or ☒ be (check one)] Steel tape ☐ Electric to a depth of: 10' for Casing diameter: 1! Screen diameter: 1! inches Setting dept	Other (describe)Other (describe)Other (describe)Other	ate measured:	t ⊠ Bentonite □ M C C C
If a flowing well, method of flow regulation Static Water Level:	feet [☐ above or ☒ be (check one)] Steel tape ☐ Electric to a depth of: 10' for Casing diameter: 1! Screen diameter: 1! inches Setting dept	Other (describe)Other (describe)Other (describe)Other	ate measured:	t ⊠ Bentonite □ Mi CC CC feet
Other (describe): Paper Ace If a flowing well, method of flow regulation Static Water Level: Method of Measurement (check one) Well depth: Casing length: Screen length: 40' feet Screen slot size: .050 Type of completion (check all applicable	feet [☐ above or ☒ be (check one)] Steel tape ☐ Electric to a depth of: 10' for Casing diameter: 1! Screen diameter: 1! inches Setting dept	Other (describe)Other (describe)Other (describe)Other	ate measured:	t ⊠ Bentonite □ Mi CC CC feet

· ·		Fo	r Office Use (Only:
County: Sharkey		Well #:	A244	
Permit #: GW-48621				····
The sketch below only requ	ired for water wells	<u>Description of formations encountered mus</u> and boreholes, unless specifically exempted	<u>t be provided for al</u> by regulations	<u>ll wells</u>
If well telescopes, show dep	oths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground level —	7	Clay	Ground level	42
		Fine Sand & Gravel	43	52
		Medium Sand & Gravel	53	127
				
				<u> </u>
			-	
			 	
				
If more than one cereen	show location of each on sketch			<u> </u>
·				
the well locatio any permanent	t structures on the property th	g. nat may aid in locating the well may aid in locating the property and the well		
				The Top Special Control
			AUG 17	2015
Landowner Name: _	Wethree LLC		1997 (J)	
I HEREBY CERTIFY the requirements of the Minifers and state Patrick Chism	ississippi Department of Envi	lled, constructed, and completed in accordance wit ronmental Quality and the Mississippi Department	Form: OLWR-S h all applicable of Health regulatio	

Date

Print Name of Responsible Licensee and License No.

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

County:	Sharkey			
Permit #:	GW-48621			
Driller: Irrigation Equipment Inc.				
Date drilli	ing completed:	04/02/2015		

Copy information from block on Part 1

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 244			
Aquifer:				

This part of the report must be completed by a li- of the report must be attached and both parts file	censed water wel	ll contractor	or a license	ed pump it ress within	istaller. A co	opy of Part 1 well completion
Well Owner Information	w wan the Dopus		32004	, Well I	_ocation	90 46 40"
Owner Name: Wethree LLC						90 46' 42.2 W
Mailing Address: P.O. Box 8		Mathadia	f Lat/Long //	check one	. □ Con	ventional Survey,
Mailing Address. F.O. BOX 9					_	
		USGS	·	<u> </u>		rvey-grade GPS
Glen Allen Ms	38744		<u>SW</u> 1/4	ŞW ¼, se	ec <u>12</u> ⊤ <u>14 l</u>	N R <u>6 W</u>
City State	Zip code			144 4		D.14- 014-
Telephone No		Distan	Miles _ ice)	(Directio		Delta City (Nearest Town)
	Pump Type	n (obook on	<u> </u>			
		•	•			
☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifug				1,	`	
		•	Capac(ty: _	2500+/-)	_ Gallons Per Minute
Is This Pump <i>(check one)</i> : ☑ New ☐ Repaired [Power Type	e (check on	ne)			
☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas	☐ Tractor PTO I	□ Windmill	☐ Other (d	escribe):		
					nber of Stag	jes: _1
Pu	mp Test Data fo	or Non Flov	ving Well			
Date Well Tested:		Duration of	of Pump Tes	st <i>(minimu</i>	m 4 hours):	Hours
Static Water Level (A): Feet Below		Pumping	Water Leve	I (B):	Fe	et Below Land Surface
Drawdown [(B) - (A)]: Feet Bo	elow Land Surfac	ce Test F	umping Rat	te:		Gallons Per Minute
Method of measurement (check one): ☐ Steel ta	pe 🗌 Electric tar	pe 🗌 Air lin	e 🛘 Other (describe):		
	Pump Test Data	for Flowin	ng Well			
Measured shut in head: Feet						
Well yielded GPM with a drawdo	own of		feet after		hc	aurs of numping
Of Military arabid	JIII 01					ars or pumping
	Meter In	stallation				
Meter Manufacturer:		Meter	Serial Numb	oer:		
Meter Model Number/Name:		Туре	of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x	.001, gal x 1000	0, etc):				
Installation Date: Meter in	nstalled 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.						
9				$\tilde{}$		
I HEREBY CERTIFY that the above statements a	are true to the be	est of my kn	owledge.)	
Patrick Chism 0695		07	/30/2015	7	6	2
Print Name of Pump Installer and License No.	(if applicable)		Date		Signature	of Pump Installer

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