	Sharkey
County:	Issaquena 0
Permit #:	GW-44404 /
Driller:	Irrigation Equipment
Date drilling completed: 03/19/2012	

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:	<u></u>		
Well #:	<u>B124</u>		
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.

(Lando	Information on Well Owner wner if borehole is not for a water well)	Well or Borehole Location
Owner Name	Albert Mahalitc	Latitude: <u>33</u> ° <u>02</u> ' <u>41</u> " Longitude: <u>90</u> ° <u>44</u> ' <u>50</u>
Mailing Address:	6500 Hwy 14 West	Method of Lat/Long (check one):
········		USGS quad, X Hand-held GPS, Survey-grade GPS
		$SE \frac{1}{4} NE \frac{1}{4} Sec \frac{19}{} Twn \frac{14N}{Rng} \frac{5W}{5W}$
	Rolling ForkMs39159CityStateZip code	
		Distance Direction Nearest Town
Telephone No.	(3 Miles Southeast of Delta City
	Well /]	Borehole Data
Date drilling start	ed: 03/19/2012 Date drilling completed: 03	3/19/2012 Hole depth: 125 Hole diameter: 24"
Location of the so	ource of any surface water used for drilling: Surface	ce Water
Method of dosing	and volume of Chlorine used in drilling and develop	oment: 50 PPM
		ma Ray Density Sonic Neutron Other:
Purpose of boreho	ole (check one): 🖾 Water Well 🛛 🗌 Geotechnic	cal/Geological Investigation 🔲 Ground Source Heat Pump
	Seismic Survey Other	r (describe)
	·	construction, skip the remainder of this block
Purpose of Well (check one) 🔲 Home 🔲 Industrial 🔲 Public S	Supply 🖾 Irrigation 🔲 Fish Culture 🔲 Other:
If flowing, metho	d of flow regulation: Valve Other (describe)
-		land Surface Date measured: 04/25/2012
		□ air line □ other:
Well depth: 125	Well grouted to a depth of <u>10</u> feet	Type of grout (check 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	m 86 feet to 125 feet
Type of completion	on (check all applicable): 🛛 Gravel packed 🗌	Underreamed 🗌 Telescoped 🔲 Open hole 🗌 Natural Development
	Other (describe):	
Top of lap pipe or	r reduction in casing: feet.	If telescoped or more than one screen, describe on next page
L		Form: OLWR-SWR-1A (04/08

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MAY 0 1 2012

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	15
Fine Sand	16	35
Medium Sand	36	55
Fine Sand	56	65
Medium Sand	66	85
Course Sand & Gravel	86	125
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here and the second		I

If more than one screen, show location of each on sketch

aid in			; 2) any permanent structures or items that may aid in locating t	
,				
Landowner Name:	Albert Mahalitc			
	an <u>41.6</u>			Form: OLWR-SWR-1A (04/08)
I certify that the well/bo	orehole was drilled, construc	ted, and completed in account	rdance with all applicable require	ements of the
Mississippi Department laws.	t of Environmental Quality a	ina the Mississippi Departh	nent of Health regulations, if app	ncable, and state
	i95	04/26/2012	12h	
Print Name of Responsible Lic	ensee and License No.	Date	Signature of Licensee	

Print Name of Responsible Licensee and License No.

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MAY 0 1 2012

BY: OLWR

STATE WELL REPORT

County:	Issaquena	
Permit #:	GW-44404	
Driller:	Irrigation Equipment	
Date drill	ing completed: 03/19/2012	
	formation from block on Part 1	

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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)

For Office Use Only:		
Aquifer:		
Well #:	B124	
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	Well Location		
Owner Name: Albert Mahalite	Latitude: 33 02' 41 N Longitude: 90 44' 50 W		
Mailing Address: 6500 Hwy 14 West	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, 🛛 Hand-held GPS, 🗌 Survey-grade GPS		
Rolling Fork Ms 39159	SE ¹ / ₄ NE ¹ / ₄ Sec 19 T <u>14N</u> R <u>5W</u>		
City State Zip code	Distance Direction Nearest Town		
Telephone No	<u>3</u> Miles <u>Southeast</u> of <u>Delta City</u>		
Pump Type Check one	Power Type Check one		
Air Lift Jet Submersible Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well			
Other (specify):	Horse Power Rating of Motor: 40		
Date Pump Installed:	Setting Depth: 70 feet		
Rated Pump Capacity 1400+/- Gallons Per Minute	Number of Stages: 1		
Pump Test Data	Method of Measuring Water Level Check one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify):		
Pumping Water Level (B): Feet Below Land Surface			
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 (check 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 Chism 0695 RECEIVED			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer MAY 0 1 2012		
	Form: OLWR-SWR-1C (07-09) BY: OLWR		