| County: | Sharkey | |
|------------|-------------------------|------|
| Permit #: | GW-46289 / | |
| Driller: | Irrigation Equip | nent |
| Date drill | ing completed: 08/28/ | 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 | B 128 | | |
| Well #: | <u> </u> | | |
| L.S. Elev | ation: | | |
| 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.

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|---|
| (check one): Conventional Survey, d, Hand-held GPS, Survey-grade GPS |
| d, 🛛 Hand-held GPS, 🗌 Survey-grade GPS |
| |
| |
| |
| Direction Nearest Town |
| Northwest of Louise |
| |
| depth: 127 Hole diameter: 24" |
| |
| |
| Sonic Neutron Other: |
| tion 🔲 Ground Source Heat Pump |
| |
| remainder of this block |
| Fish Culture Other: |
| |
| e measured: 08/29/2012 |
| |
| k one): 🔲 Neat Cement 🛛 Bentonite 🗍 Mix |
| Type of casing: PVC |
| Type of screen: PVC |
| feet to 127 feet |
| lescoped Open hole Natural Development |
| |
| |
| han one screen, describe on next page |
| Form: OLWR-SWR-1A (04/08 |
| Form: OLWR-SWR-1A (04/08 |
| Form: OLWR-SWR-1A (04/08 SEP 1 7 2 |
| |

BI2S

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

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

| Description of Formations Encountered | From (depth) | To (dept |
|---|--------------|--------------|
| Clay | Ground level | 38 |
| Fine Sand | 39 | 45 |
| Fine Sand & Gravel | 46 | 58 |
| Medium Sand & Gravel | 59 | 127 |
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If more than one screen, show location of each on sketch

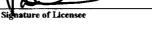
| ketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may | |
|---|----|
| aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well | I; |
| 4) a north arrow. | |
| | |

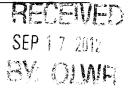
Landowner Name: **Evans Planting Co.**

Form: OLWR-SWR-1A (04/08) I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. **Patrick Chism** 0695 09/13/2012

Print Name of Responsible Licensee and License No.

Date





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STATE WELL REPORT

| County: | Sharkey | | |
|-------------|----------------|-----------------|--|
| Permit #: | GW-46289 | | |
| Driller: | Irrigation | Equipment | |
| Date drilli | ing completed: | 08/28/2012 | |
| Copy inf | formation from | block on Part 1 | |

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality

| ississippi 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 #: | | |
| 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 Owner Name: Evans Planting Co. | | | Well Location Latitude: 33 02' 31.4 N Longitude: 90 40' 50.0 W | | |
|---|--|---------------------------|--|--|--|
| | | | | | |
| | | | USGS quad, 🛛 Hand-held GPS, 🗌 Survey-grade GPS | | |
| | Anguilla | Ms 38721 | NE ¹ /4 SE ¹ /4 Sec 23 T 14N R 5W | | |
| | City | State Zip code | Distance Direction Nearest Town | | |
| Telephone No. | () - | | 6 Miles Northwest of Louise | | |
| | Pump Type Check one | | Power Type Check one | | |
| 🗌 Air Lift | 🗍 Jet | Submersible | Diesel Engine Gasoline Engine Natural Gas | | |
| Bucket | Piston | | Electric Motor Hand Tractor PTO | | |
| Centrifugal | Rotary | Flowing Well | Windmill Other (specify): | | |
| Other (specify): | | | Horse Power Rating of Motor: 30 | | |
| Date Pump Install | ed: 08/29/2012 | | Setting Depth: 70 feet | | |
| Rated Pump Capa | city <u>1000+/-</u> | Gallons Per Minute | Number of Stages: 1 | | |
| Pump Test Data | | ta | Method of Measuring Water Level Check one | | |
| Date Well Tested: | | | Air Line Electric Measuring Line Steel Tape | | |
| Static Water Level | l (A): | _ Feet Below Land Surface | Other (specify): | | |
| Pumping Water Le | evel (B): | _ Feet Below Land Surface | | | |
| Drawdown [(B) - | (A)]: | _ Feet Below Land Surface | For flowing well, measured shut in head: feet | | |
| Test Pumping Rate | e: | Gallons Per Minute | Well yielded GPM with a drawdown of | | |
| Duration of Pump | Test (minimum 4 hours): | hours | teet after hours of pumping | | |
| This is for (check one): New Well Replacement | | | nent of Existing Pump | | |
| I HEREBY CERT | I HEREBY CERTIFY that the above statements are true to the best of my knowledge. | | | | |
| Patrick Chism 0695 Print Name of Pump Installer and License No. (if applicable) S | | | Signature of Pump Installer | | |
| | - | ~ •• / | FormCOLWR-5WR-1C (07-09) | | |