County:	Sharkey
Permit #:	GW-46291 🗸
Driller:	Irrigation Equipment
Date drilli	ng completed: 08/27/2012

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)

Aquifer: 129
Well #:
L.S. Elevation:
E-log #:

SEP 17 2612

EV: OMP

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.

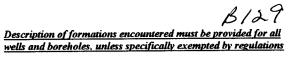
(Landa	Information on Well Owner wner if borehole is not for a water well)	Well or Borehole Location
Owner Name	Evans Planting Co.	Latitude: 33 ° 02 ' 43 " Longitude: 90 ° 40 ' 28 "
Mailing Address:	4164 Straight Bayou Road	Method of Lat/Long (check one): Conventional Survey,
		USGS quad, X Hand-held GPS, Survey-grade GPS
	Anguilla Ms 38721	NW 1/4 SW 1/4 Sec 24 / Twn 14N Rng 5W
	AligunaIvis56721CityStateZip code	
		Distance Direction Nearest Town
Telephone No.	<u>()</u> -	6 Miles Northwest of Louise
	Well /	Borehole Data
Date drilling start	ed: 08/27/2012 Date drilling completed: 0	8/27/2012 Hole depth: 125 Hole diameter: 24"
Location of the so	purce of any surface water used for drilling: Surface	ce Water
	and volume of Chlorine used in drilling and develop	
		ma Ray Density Sonic Neutron Other:
Purpose of boreho	ole (check one): 🛛 Water Well 🗌 Geotechni	cal/Geological Investigation 🛛 Ground Source Heat Pump
	Seismic Survey Other	r (describe)
	If drilling is not related to water well	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)
Static Water Leve	el: 25 feet above or below (check one)	land Surface Date measured: 08/28/2012
Method of Measu	rrement (check one) 🛛 steel tape 🔲 electric tape	□ air line □ other:
Well depth: 125	5 Well grouted to a depth of <u>10</u> feet	Type of grout (check one): 🔲 Neat Cement 🔀 Bentonite 🗌 Mix
	85 feet Casing diameter:	
Screen length:		
Screen slot size:		
		Underreamed Telescoped Open hole Natural Development
Type of complete	On (check an applicable).	
		If telescoped or more than one screen, describe on next page
1 op of lap pipe of	r reduction in casing: feet.	IJ telescoped or more inan one screen, describe on next page Form: OLWR-SWR-1A (04/08

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	25
Fine Sand	26	35
Medium Sand	36	45
Course Sand	46	75
Course Sand & Gravel	76	125
	· · · · · · · · · · · · · · · · · · ·	
		1
		- <u> </u>

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

Sketch the property layout and include the follow	wing: 1) the well location	n; 2) any permanent structures on t	he property that may
aid in locating the well; 3) any re	oads, power lines, or oth	er items that may aid in locating the	e property and the well;
4) a north arrow.			
Landowner Name: Evans Planting Co.			
Landowner Ivanie. Evans Flanting Co.			
		~	Form: OLWR-SWR-1A (04/08)
certify that the well/borehole was drilled, construc	cted, and completed in ac	ordance with all applicable requiren	ients of the
lississippi Department of Environmental Quality	and the Mississippi Depar	tment of Health regulations, if applie	able, and state
WS.		NA	
atrick Chism 0695	09/13/2012	Sh	22.2 internet
int Name of Responsible Licensee and License No.	Date	Signature of Licensee	
			25 m e
			SEP 1-7 2019
			SEP 17 2012 SM: CIMP

STATE	WELL	REPORT
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County:	Sharkey		
Permit #:	GW-46291		
Driller:	Irrigation	Equipment	
Date drilling completed: 08/27/2012			
Copy information from block on Part 1			

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)

B129		
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			Well Location
Owner Name: Evans Planting Co.			Latitude: 33 02' 43.2 N Longitude: 90 40' 28.4 W
Mailing Address:	4164 Straight Bayou	Road	Method of Lat/Long (check one): Conventional Survey,
			USGS quad, X Hand-held GPS, Survey-grade GPS
	Anguilla	Ms 38721	NW 1/4 SW 1/4 Sec 24 T 14N R 5W
	City	State Zip code	Distance Direction Nearest Town
Telephone No((<u>6</u> Miles <u>Northwest</u> of <u>Louise</u>
	Pump Type Check one		Power Type Check one
🗖 Air Lift	🗌 Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):
Other (specify):	·····		Horse Power Rating of Motor: 30
Date Pump Installe	ed: 08/28/2012	· · · · · · · · · · · · · · · · · · ·	Setting Depth: 70 feet
Rated Pump Capac	bity 1000+/-	Gallons Per Minute	Number of Stages: 1
	Pump Test Dat	a	Method of Measuring Water Level Check one
Date Well Tested:			Air Line Electric Measuring Line Steel Tape
		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	:	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 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			
			Form: Q.W.R.SWR, 1C, (0,7,09)
Pause meanine d'an Pa		00 Famaon (Diak aam	