	STATE WELL REPORT	For Office Use Only:
County: Sharkey	Part 1	Well #: 3161
Permit #: GW-47860 🗸	Driller's Log Mississippi Department of Environmental Quality	Aquifer:
Driller: Irrigation Equipment	Office of Land and Water Resources	E-Log #:
Date drilling completed: 06/30/2014	P.O. Box 2309 Jackson, MS 39225-2309	
	l (601) 961-5210 (601) 360-0535 (fax)	
State I am requires that this renert	be prepared by the license holder responsible for	or the work and filed with the
	ithin 30 days of completion of drilling of the w	
Well Owner Informa (Landowner if borehole is not fo		Borehole Location
Owner Name: Patterson & Sons	Latitude: 33 01' 35.0 N	Longitude: 90 44' 18.5 W
Mailing Address: P.O. Box 475	Method of Lat/Long (check of	one): 🔲 Conventional Survey,
••	USGS quad, 🛛 Hand-he	eld GPS, 🔲 Survey-grade GPS
Rolling Fork Ms	39159 <u>SE % SW</u> %	, Sec <u>29</u> T <u>14 N</u> R <u>5 W</u>
City Stat		
Telephone No. () -		heast of Delta City (Nearest Town)
	Well / Borehole Data	
Date drilling started: 06/30/2014	ate drilling completed: 06/30/2014 Hole depth: 1	26' Hole diameter: 20"
Location of the source of any surface wat	er used for drilling: Surface Water	
Method of dosing and volume of Chlorine	used in drilling and development 50 PPM	
Method of dosing and volume of Chlorine	- · · · · · · · · · · · · · · · · · · ·	
	used in drilling and development: 50 PPM run 🗌 Electric 🗋 Gamma Ray 🗌 Density 🗋 Sonic [Neutron Other:
		Neutron D Other:
Logs run (check all applicable): 🔀 No log	run 🗌 Electric 🗋 Gamma Ray 🗌 Density 🗋 Sonic [
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🕅 W	run Electric Gamma Ray Density Sonic Sonic	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S	run 🗌 Electric 🗌 Gamma Ray 🗌 Density 🗌 Sonic ater Well 🔄 Geotechnical/Geological Investigation eismic Survey 📄 Other (<i>describe</i>)	Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🔲 S <i>If drilling is not rela</i>	run Electric Gamma Ray Density Sonic ater Well Geotechnical/Geological Investigation eismic Survey Other (describe) ated to water well construction, skip the remain	Ground Source Heat Pump
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Form:	OLWR	-SWR-1	Α	(4/13)

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	For	Office Use ()
	FOI	Office Use (Jmy:
County: Sharkey	Well #:	B161	
Permit #: GW-47860			
The sketch below only required for water wells	Description of formations encountered must		l wells
If well telescopes, show depths on sketch.	and boreholes, unless specifically exempted	by regulations	
	Description of Formations Encountered	From (depth)	To (depth)
Ground level	Clay	Ground level	28
	Fine Sand	29	38
	Fine Sand & Gravel	39	64
	Medium Sand & Gravel	65	126
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If more than one screen, show location of each on sketch

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	nsible Licensee and License No.	Date	Signature of Licensee Form: OLWR-SWR-1A (4/13)
HEREBY CERTIFY requirements of the N if applicable, and stat Patrick Chism	that the well/borehole was drilled, co lississippi Department of Environme e laws. 0695	nstructed, and completed ntal Quality and the Missis 07/15/2014	Form: OLWR-SWR-1A (04/08 in accordance with all applicable sippi Department of Health regulations,
Landowner Name:	Patterson & Sons		
1) the well locati 2) any permaner	yout and include the following: on It structures on the property that may wer lines, or other items that may aid		nd the well

	STATE W	ELL REPORT	For Office Use Only:
County: Sharkey		Part 2	Well#: 13161
Permit #: GW-47860	Pump Installer	's Completion Report	
Driller: Irrigation Equipment		ent of Environmental Quality and Water Resources	Aquifer:
Date drilling completed: 06/30/2014). Box 2309	·
Copy information from block on Part 1		, MS 39225-2309 1) 961-5210	
		360-0535 (fax)	
This part of the report must be comple	ted hv a licensed water we	ll contractor or a licensed num	n installer A conv of Part 1
of the report must be attached and bot	h parts filed with the Depa	rtment at the above address with	thin 30 days of well completion.
Well Owner Inform	nation	We	ell Location
Owner Name: Patterson & Sons		Latitude: <u>33 01' 35.0 N</u>	Longitude: 90 44' 18.5 W
Mailing Address: P.O. Box 475		Method of Lat/Long (check of	one): Conventional Survey,
		🔲 USGS quad, 🖾 Hand-he	ld GPS, 🗍 Survey-grade GPS
Rolling Fork Ms		<u>,SE</u> ½ <u>SW</u> ½,	Sec <u>29</u> T <u>14 N</u> R <u>5 W</u>
	ate Zip code	NG	
Telephone No. () -			heast of Delta City ction) (Nearest Town)
······		· ·	
		e (check one)	
Submersible 🗋 Turbine 🗋 Air Lift 🗌		=	
Date Pump Installed 07/01/2014	F	Rated Pump Capacity:	Gallons Per Minute
	Penaired 🗌 Replacement		
Is This Pump (check one): 🛛 New 🗌 I			······································
Is This Pump (check one): New 🗌 F	Power Typ	e (check one)	
🛛 Electric 🗌 Diesel 🗌 Gasoline 🗌 Na	Power Typ tural Gas Tractor PTO	e (check one) Windmill D Other (describe	
	Power Typ tural Gas Tractor PTO	e (check one) Windmill D Other (describe	
🛛 Electric 🗌 Diesel 🗌 Gasoline 🗌 Na	Power Typ tural Gas	e (check one) U Windmill D Other (<i>describe</i> 60 feet N	
☑ Electric □ Diesel □ Gasoline □ Na Horse Power Rating of Motor: 40	Power Typ tural Gas	e (check one) U Windmill D Other (describe 60 feet N or Non Flowing Well	lumber of Stages: 1
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