| County: Sharkey |
|----------------------------------------------|
| Permit#: <u>GW-44965</u> Irrigation Equipmen |
| Date drilling completed: 4-14-11 |

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: 193 |
|------------------------------------|
| Well #: |
| 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 comp | pletion of drilling of the well or borehole. |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Information on Well Owner | Well or Borehole Location |
| (Landowner if borehole is not for a water well) | |
| Owner Name Ricky Lee | Latitude: 32 ° 56 '16.4" Longitude: 90 ° 47' 24.2 |
| Mailing Address: P.O. Box 152 | Method of Lat/Long (circle one): Conventional Survey, |
| Walling Address: 1000 00 73 | USGS quad, Hand-held GPS, Survey-grade GPS |
| | · · · · · · · · · · · · · · · · · · · |
| Rolling Fork Ms. 39159 City State Zip Code | SW 1/5 W 1/2 Sec 26 Twn 13N Rng 6W |
| City State Zip Code | Distance Direction Nearest Town Miles SE of Anguila |
| Telephone No. () | 0 |
| Well / Bore | hole Data |
| Date drilling started: 4747 Date drilling completed: 4-/4- | 11 Hole depth: 121 Hole diameter: 18" |
| Location of the source of any surface water used for drilling: See Method of dosing and volume of Chlorine used in drilling and devel | Surface Water |
| ividuod of dosing and volume of Cinorine used in drining and dever | opment: 50 PPM |
| Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s): | Density Sonic Neutron Other: |
| Purpose of borehole (check one): Water Well Geotechnical/Geole | ogical Investigation Ground Serves Heat Press |
| ruipose of botenoie (check one). Water wen V Geolechineal/Geole | ogical investigation Ground Source Heat Pump |
| Seismic Survey Other (describe |) |
| If drilling is not related to water well construction | n, skip the remainder of this block |
| Purpose of Well (check one): Home Industrial Public Supply | Irrigation Fish Culture Other: |
| If a flowing well, method of flow regulation: ValveO | ther (describe) |
| Static Water Level:feet above of below circle one) I | |
| Method of Measurement (circle one) steel tape electric tape | |
| Well depth: 121 Well grouted to a depth of 10 feet Type | of grout (circle one): Neat Cement Bentonite Mix |
| Casing length: 8/ feet Casing diameter: // | |
| Screen length: 40 feet Screen diameter: 10 | inches Type of screen: PVC |
| Screen slot size: .050 inches Setting depth: From _ | 82 feet to 12/ feet |
| Type of completion (circle all applicable): Gravel packed Under | reamed Telescoped Open hole Natural Development |
| Other (describe): | |
| Top of lap pipe or reduction in casing:feet. <u>If tel</u> | lescoped or more than one screen, describe on next page |

Form: OLWR-SWR-1A (04/08)

| he sketch below only required for water wells | <u>Description of formations encountered</u> | l must be provided | <u>for all</u> | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|--|
| well telescopes, show depths on sketch. Ground Level | wells and boreholes, unless specifically exempted by regulations Description of Formations Encountered From (depth) To (depth | | | |
| Ground Level | | Ground Level | | |
| | Fine Sand & Gravel | 43 | 42 | |
| | | 50 | 1 2 | |
| | Mcdium Sand & Grave | 30 | /2/ | |
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| aid in locating the well; 3) any roads, power li | | property that may operty and the well | | |
| tch the property layout and include the following: 1) the | well location; 2) any permanent structures on the | property that may operty and the well | ; | |
| tch the property layout and include the following: 1) the aid in locating the well; 3) any roads, power li | well location; 2) any permanent structures on the | property that may operty and the well | ; | |
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Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Patrick M. Chism

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT For Office Use Only: Part 2 **Pump Installer's Completion Report** Aquifer: Mississippi Department of Environmental Quality Irrigation Equipment Office of Land and Water Resources 0.193 Driller: P.O. Box 2309 Jackson, MS 39225 Date completed: Elevation: (601)961-5210 (601)961-5228 (fax) Copy information from block on Part 1 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 Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey____, USGS quad , Hand-held GPS , Survey-grade GPS SW 1/4 SW 1/4 Sec 26 T 13N R 6W Telephone No. (____) **Pump Type** Power Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Electric Motor Hand Tractor PTO **Bucket Piston Turbine** Other (specify): Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: Other (specify): 4-18-11 10 Date Pump Installed: Setting Depth: feet Number of Stages: ___ Method of Measuring Water Level Pump Test Data Date Well Tested: Circle one Steel Tape Air Line Electric Measuring Line 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 Well yielded _____GPM with a drawdown of Test Pumping Rate: ______Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): hours Repair of Existing Pump New Well Replacement of Existing Pump This is for (circle one):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Patrick M. Chism 0695 Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1C (07-09)