County:	Sharkey
Permit #:	GW-45918 /
Driller:	Irrigation Equipment
Date drilli	ing completed: 06/25/2012

## **State Well Report**

Part 1 - Driller's Log

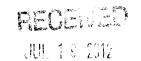
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

	For O	ffice Use Only:	-
Aquifer: _	<u>C</u>	221	
Well #:			
L.S. Elevatio	n:		
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.

	Department at the above address within 30 days	of completion of drilling of the well or borehole.
(Lando	Information on Well Owner well)	Well or Borehole Location
Owner Name	David C. Ewing	Latitude: 32 ° 59 ' 04 " Longitude: 90 ° 51 ' 13 "
Mailing Address:	P.O. Box 553	Method of Lat/Long (check one): Conventional Survey,
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
	Anguilla Ms 38721	NW 1/4 SE 1/4 Sec 7/ Twn 13N Rng 6W
	City State Zip code	Distance Direction Nearest Town
Telephone No.	( ) -	1 Miles Northwest of Anguilla
	Well / B	orehole Data
Date drilling starte	ed: 06/25/2012 Date drilling completed: 06/2	25/2012 Hole depth: 125 Hole diameter: 24"
	urce of any surface water used for drilling: Surface	
Method of dosing	and volume of Chlorine used in drilling and developm	nent: 50 PPM
Logs run (check al Name of organizat	ll applicable): 🛛 No log run 🔲 Electric 🔲 Gamma ion running log(s):	a Ray Density Sonic Neutron Other:
Purpose of boreho	le (check one): Water Well Geotechnical	/Geological Investigation Ground Source Heat Pump
	Seismic Survey Other (a	
	If drilling is not related to water well co	nstruction, skip the remainder of this block
Purpose of Well (c	heck one)	oply 🛮 Irrigation 🔲 Fish Culture 🔲 Other:
If flowing, method	of flow regulation: Valve Other (det	scribe)
Static Water Level	feet above or below (check one) lar	nd ⊠ surface Date measured: 06/25/2012
Method of Measure	ement (check one) ⊠ steel tape ☐ electric tape	□ air line □ other:
Well depth: 125	Well grouted to a depth of feet	Type of grout (check one): Neat Cement Bentonite Mix
Casing length: _8	feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 4	feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size:	.050 inches Setting depth: From	86 feet to 125 feet
Type of completion	a (check all applicable):   Gravel packed U	Inderreamed    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

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



The sketch	below on	v required	for	water wells

If well	telescopes.	show	denths	on sketch.

If well telescopes,	show	depths	on	sketch.
Ground leve	el .			

Description of forma	tions encountered	must be provided for all
		exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	45
Fine Sand	46	65
Medium Sand	66	75
Course Sand & Gravel	76	125

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

Sketch the property layout and include the fol aid in locating the well; 3) any 4) a north arrow.	lowing: 1) the well location roads, power lines, or other lines.	on; 2) any permanent structures ner items that may aid in locating	on the property that may g the property and the well;
Landowner Name: <u>David C. Ewing</u>			
I certify that the well/borehole was drilled, construction of the Mississippi Department of Environmental Quality laws.  Patrick Chism 0695  Print Name of Responsible Licensee and License No.	octed, and completed in acc and the Mississippi Depart 07/17/2012 Date	ordance with all applicable requirement of Health regulations, if applicable signature of Licensee	Form: OLWR-SWR-1A (04/08) rements of the plicable, and state  JUL 1 9 20

## STATE WELL REPORT

## 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

	For Office Use Only:	
Aquifer:		
Well #:		
Elevation:	***************************************	

Driller: Irrigation Equipment

Date drilling completed: 06/25/2012

Copy information from block on Part 1

P.O. Box 2309

Jackson, MS 39225

(601) 961-5210

(601) 961-5228 (fax)

County: Sharkey
Permit #: GW-45918

Owner Name: Pavid C. Ewing  Mailing Address: P.O. Box 553		Well Owner Inform		t at the above address within 30 days of well completion.  Well Location
USGS quud.   Hand-held GPS.   Survey-grade GPS	Owner Name: D	avid C. Ewing		Latitude: 32 59' 04.4 N Longitude: 90 51' 13.9 W
Anguilla Ms 38721 City State Zip code    Distance   Direction   Nearest Town	Mailing Address:	P.O. Box 553		Method of Lat/Long (check one):   Conventional Survey,
Distance	-			☐ USGS quad,   ☐ Hand-held GPS,   ☐ Survey-grade GPS
Distance   Direction   Nearest Town				NW 1/4 SE 1/4 Sec 7 T 13N R 6W
Pump Type Check one    Air Lift   Jet   Submersible   Electric Motor   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):   Date Pump Installed:   66/25/2012   Setting Depth:   70   feet     Rated Pump Capacity   2500+/-   Gallons Per Minute   Air Line   Electric Measuring Water Level (A):   Feet Below Land Surface     Pumping Water Level (A):   Feet Below Land Surface     Prest Pumping Rate:   Gallons Per Minute   Gallons Per Minute     Pump Test Data   Check one   Check one     Pumping Water Level (B):   Feet Below Land Surface     Pumping Water Level (B):   Feet Below		City	State Zip code	Distance Direction Nearest Town
Check one    Air Lift	Telephone No(	) -		1 Miles Northwest of Anguilla
□ Bucket □ Piston □ Turbine □ Electric Motor □ Hand □ Tractor PTO   □ Centrifugal □ Rotary □ Flowing Well □ Windmill □ Other (specify):   □ Other (specify): □ Horse Power Rating of Motor: 60   □ Date Pump Installed: ○ 60/25/2012 Setting Depth: 70 feet   Rated Pump Capacity 2500+/- Gallons Per Minute Number of Stages: 1      Method of Measuring Water Level Check one    Air Line   □ Electric Measuring Line   □ Steel Tape				
Centrifugal	☐ Air Lift	☐ Jet	☐ Submersible	☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
Other (specify):	Bucket	☐ Piston	□ Turbine	☐ Electric Motor ☐ Hand ☐ Tractor PTO
Date Pump Installed: 2500+/- Gallons Per Minute	Centrifugal	Rotary	Flowing Well	☐ Windmill ☐ Other (specify):
Pump Test Data   Method of Measuring Water Level   Check one   Date Well Tested:	Other (specify):			Horse Power Rating of Motor: 60
Pump Test Data    Method of Measuring Water Level Check one     Air Line   Electric Measuring Line   Steel Tape     Static Water Level (A):	Date Pump Installe	d: <u>06/25/2012</u>		Setting Depth: 70 feet
Check one  Date Well Tested:	Rated Pump Capac	ity <u>2500+/-</u>	Gallons Per Minute	Number of Stages: 1
Static Water Level (A): Feet Below Land Surface		Pump Test Da	ta	
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	Date Well Tested:			☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape
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	Static Water Level	(A):	Feet Below Land Surface	Other (specify):
Test Pumping Rate: Gallons Per Minute	Pumping Water Lev	vel (B):	Feet Below Land Surface	
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping	Drawdown [(B) - (	A)]:	Feet Below Land Surface	For flowing well, measured shut in head: fee
	Test Pumping Rate:		Gallons Per Minute	Well yielded GPM with a drawdown
This is for (check one): Replacement of Existing Pump Repair of Existing Pump	Duration of Pump T	Test (minimum 4 hours):	hours	feet after hours of pump
	This is for (ch	neck one):	w Well Replacen	nent of Existing Pump Repair of Existing Pump
# · 11 / / · · · · · · · · · · · · · · ·	I HEREBY CERTI	FY that the above staten	nents are true to the best of m	y knowledge.

Signature of Pump Installer

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



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