County:	Sharkey	
Permit #:	GW-47460	· .
Driller: Irrigation Equipment		
	ng completed:	07/03/2013

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 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For (Office Use Only:
Well #:	C234
Aquifer:	
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 com				
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location			
Owner Name: Martin Plantation	Latitude: 32 57' 55.1 N Longitude: 90 52' 15.4 W			
Mailing Address: P.O. Box 537	Method of Lat/Long (check one): Conventional Survey,			
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS			
Anguilla Ms 38721	SW 1/4 SE 1/4, Sec 13 T 13 N R 7 W			
City State Zip code Telephone No. () -	2 Miles Southwest of Anguilla (Direction) (Nearest Town)			
Well / Bo	rehole Data			
	07/03/2013 Hole depth: 126 Hole diameter: 18"			
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and dev	elopment: 50 PPM			
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	nma Ray 🗌 Density 🗎 Sonic 🗋 Neutron 🗋 Other:			
Name of organization running log(s):				
Purpose of borehole (check one): ☑ Water Well ☐ Geotect	hnical/Geological Investigation			
☐ Seismic Survey	Other (describe)			
•	nstruction, skip the remainder of this block			
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Public Supply ☑ Irrigation ☐ Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 21' feet [☐ above or ☒ below] land surface				
Method of Measurement (check one) \boxtimes Steel tape \square Electric tape	pe Air line Other: (describe)			
Well depth: 126 Well grouted to a depth of: 10 fee	et Type of grout <i>(check one)</i> : ☐ Neat Cement ☐ Bentonite ☐ Mix			
Casing length: 86 feet Casing diameter: 10	inches Type of casing: PYC			
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC			
Screen slot size:050 inches Setting depth:				
Type of completion (check all applicable): ☑ Gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: Feet				
If telescoped or more than or	ne screen, describe on next page Form: OLWR-SWR-1A (4/13)			

		TO OPP TI	
		For Office Use	Only:
County: Sharkey	Į w	/ell#: <u>CQ34</u>	
Permit #: GW-47460			
	<u> </u>		
The sketch below only required for water wells	Description of formations encount	ered must be provided for a	<u>ll wells</u>
To all the least of the same about the	and boreholes, unless specifically of	exempted by regulations	
f well telescopes, show depths on sketch.	Description of Formations Encou	intered From (depth)	To (denth
Ground level	Clay	untered From (depth) Ground level	To (depth)
Siddle level	Fine Sand	35	44
	Fine Sand & Gravel	45	54
	Medium Sand & Gravel	55	126
	Medium Sand & Gravei	35	120
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 If more than one screen, show location of eacl	n sketch		<u> </u>
Sketch the property layout and include the	ollowing		
1) the well location	Siowing.		
2) any permanent structures on the p	perty that may aid in locating the well		
3) any roads, power lines, or other it	is that may aid in locating the property and the we) 	
4) a north arrow			
		8 28 Mr. 19 1 - 4	161.0 2 db.,
		freed to the second	A 88° ¥
		54: 00 h	NY MET
Landowner Name: Martin Planta	on		
LUEDEDV OFFITEVILLE		Form: OLWR-	SWR-1A (04/0
I HEREBY CERTIFY that the well/borehol	was drilled, constructed, and completed in accord of Environmental Quality and the Mississippi Dep	rance with all applicable partment of Health regulati	ions.
requirements of the Mississippi Departme if applicable, and state laws.	or Environmental additive and the mississippi ber		,
Patrick Chism	695 07/03/2013	>	
Print Name of Responsible Licensee and	cense No. Date	Signature of Licensee	

Signature of Licensee Form: OLWR-SWR-1A (4/13)

County:	Sharkey	
Permit #:	GW-47460)
Driller: Irrigation Equipment		
Date drill	ing completed:	07/03/2013

STATE WELL REPORT

Pump Installer's Completion Report

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

For Office Use Only:		
Well#:	(234	
Aquifer:		

Copy information from block on Part 1

(601) 360-0535 (fax) 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 Location Well Owner Information** Latitude: 32 57' 55.1 N Longitude: 90 52' 15.4 W Owner Name: Martin Plantation Mailing Address: P.O. Box 537 Method of Lat/Long (check one):

Conventional Survey, ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS 38721 SW 1/4 SE 1/4, Sec 13 T 13 N R 7 W Ms Anguilla City State Zip code Miles Southwest of **Anguilla** Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (check one) ☑ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Date Pump Installed 07/04/2013 Rated Pump Capacity: 550+/- Gallons Per Minute Is This Pump (check one):

New □ Repaired □ Replacement Power Type (check one) ☑ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): feet Number of Stages: 1 Horse Power Rating of Motor: 15 Setting Depth: 70 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: ___ Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: None Installed Meter Serial Number: Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: _ Is This Meter (check one):
New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

Installation Date: | Meter installed by: |
Is This Meter (check one): | New | Repaired | Replacement |
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick Chism 0695 | 08/29/2013 |
Print Name of Pump Installer and License No. (if applicable) | Date | Signature of Pump Installer |
Form: OLWR-SWR-1B (4/13)



RECEIVED

SEP 1 1 2013

BY: OLWR