County:	Sharkey	
	GW-47510	, √
5	Irrigation Eq	
1	ing completed:	09/04/2013

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

eckson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	Office Use Only:
Well#:	<u>C 236</u>
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 completion of drilling of the well or borehole. Well or Borehole Location **Well Owner Information** (Landowner if borehole is not for a water well) Latitude: 32 57' 25.6 N Longitude: 90 47' 10.1 W Owner Name: RKB Farms Partnership Mailing Address: P.O. Box 250 □ USGS quad, ☑ Hand-held GPS, □ Survey-grade GPS NE 1/4 SW 1/4, Sec 23 T 13 N R 6 W 39159 Ms **Rolling Fork** State Zip code City Southeast Anguilla Miles Telephone No. (Nearest Town) (Direction) Well / Borehole Data Date drilling started: 09/04/2013 Date drilling completed: 09/04/2013 Hole depth: 138 Hole diameter: 24" Location of the source of any surface water used for drilling: Surface Water **50 PPM** Method of dosing and volume of Chlorine used in drilling and development: Logs run (check all applicable): ⊠ No log run 🗍 Electric 🗋 Gamma Ray 🔲 Density 🗍 Sonic 🗋 Neutron 🗋 Other: Name of organization running log(s): Purpose of borehole (check one):

Water Well ☐ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump ☐ Seismic Survey Other (describe) If drilling is not related to water well construction, 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) Date measured: 09/05/2013 Static Water Level: 25' feet [□ above or ⊠ below] land surface (check one) Method of Measurement (check one)

Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe) Well depth: 138 Well grouted to a depth of: 10 feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix Casing length: 101 Type of casing: PVC feet Casing diameter: 16 inches Screen length: 37 feet Screen diameter: 16 inches Type of screen: Screen slot size: .050 Setting depth: From inches feet to -Back feet Type of completion (check all applicable): A Gravel packed Underreamed Open hole Natural Development

If telescoped or more than one screen, describe on next page

130

Other (describe):

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-TA (4/13)

County:	Sharkey	<u></u>
	GW-47510	
Permit #:	GW-4/310	

	For Office Use Only:
Well#:	(23k

1	he	sketch	below	only	required	for	water	wells

If well telescopes, show depths on sketch.

G	rour	M I	ev	e١
•	uui	ю.	CV	CI

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	33
Fine Sand & Clay	34	49
Fine Sand	50	60
Fine Sand & Gravel	61	68
Fine Sand	69	90
Medium Sand & Gravel	91	112
Fine Sand	113	119
Medium Sand & Gravel	120	138
(94 - 113) 20' PVC		
(114-120) 7' Blanked		
(121- 138) 17' PVC		

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

	yout and include the following:		
1) the well locati			
	nt structures on the property that ma		
	wer lines, or other items that may ai	d in locating the prope	erty and the well
4) a north arrow			
Landowner Name:	RKB Farms Partnership		
			Form: OLWR-SWR-1A (04/08)
			eted is accordance with all applicable
		ntal Quality and the M	lississippi Department of Health regulations,
if applicable, and state			7 (//
Patrick Chism	0695	09/25/2013	DEPARTURE DEPARTURE
Print Name of Respo	nsible Licensee and License No.	Date	Signature of Licensee
			Form: OLWR-SWR-1A (4/13)

County:	Sharkey	
Permit #:	GW-47510	
Driller:	Irrigation Eq	uipment
Date drilli	ing completed:	09/04/2013

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 39225-2309 (601) 961-5210

(601) 360-0535 (fax)

For Office Use Only: well#: (1336 Aquifer:

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 Location **Well Owner Information** Latitude: 32 57' 25.6 N Longitude: 90 47' 10.1 W Owner Name: RKB Farms Partnership Mailing Address: P.O. Box 250 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS 39159 Ms NE 1/4 SW 1/4, Sec 23 T 13 N R 6 W Rolling Fork State Zip code Telephone No. Miles Southeast of Anguilla (Direction) (Distance) (Nearest Town) Pump Type (check one) ☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Rated Pump Capacity: 1600+/- Gallons Per Minute Date Pump Installed 09/05/2013 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: 40 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 Measured shut in head: Feet feet after hours of pumping GPM with a drawdown of Meter Installation Meter Manufacturer: None Installed Meter Serial Number: Meter Model Number/Name:

ls This Meter (check one): ☐ New ☐ Repaired ☐ Replacement	
Important: By submitting the above information you are certifying that this meter was For agricultural wells, a list of approved meters is on the MD	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	

0695

Meter installed by:

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):

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

tama are sided by Farma On & Diele 044 040 0400 Farma On A Diele acur

Installation Date:

09/25/2013

Signature of Pump Installer Date

Type of Meter:

Form: OLWR-SWR-1B (4/13)

