County:	Sharkey	
	GW-47674	l .
	Irrigation Ed	
	ing completed:	1010010010

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 #:	<u> </u>
Aquifer:	
E-Log #:	
-,-,	

State I am requires that this report he prepared by the license holder responsible for the work and filed with the

Department at th	e above addre	ss within 30 da		n of drilling of	the well or boreho	ole.
	Well Owner info er if borehole is n	rmation ot for a water wel	₍₁₎	We	il or Borehole Loca	tion
Owner Name: Hel	ena Plantation		Latit	ıde: 32 55' 36.	8 N Longitude:	90 52' 48.1 W
Mailing Address: _	Box 247				heck one): ☐ Con	
Rolling Fork		ls 391 State Zip			SE 14, Sec <u>35</u> T <u>13 N</u>	
Telephone No.			_	1 Miles	North of	Rolling Fork (Nearest Town)
			Well / Borehole	Data		
Date drilling started:	10/03/2013	Date drilling co	ompleted: 10/03/	2013 Hole dep	th: 420 122 Hole	e diameter: 24"
Location of the source	ce of any surface	water used for d	rilling: Surface	: Water		
Method of dosing an	d volume of Chic	orine used in drilli	ng and developme	ent: 50 PPM		
-					Sonic ☐ Neutron ☐	Other:
Name of organizatio				, <u> </u>	200 L 14000 011 L	
Purpose of borehole	(check one):	☑ Water Well	☐ Geotechnical/0	Seological Investi	gation	Source Heat Pump
	1	Seismic Surve	y 🔲 Other (describe)		
If	drilling is not	related to wate	r well construc	tion, skip the re	emainder of this b	lock
Purpose of Well (che	ock all applicable): 🗌 Home 🔲 Ind	lustrial 🔲 Public S	Supply 🛭 Irrigatio	n □ Fish Culture	
Other (describe):						
If a flowing well, met	hod of flow regul	ation: Valve	Ott	er (describe)		
Static Water Level:	31'		e or 🔯 below] land	surface Da	ite measured: 10/0	4/2013
Method of Measuren	nent (check one)	Steel tape □	Electric tape	ir line 🔲 Other: (describe)	
Well depth: 120 [[Well grouted t	to a depth of: 10	feet Type	of grout (check	one): Neat Cemer	nt ⊠ Bentonite □ Mix
Casing length:	<u> 19 </u>	et Casing diam		inches	Type of casing: P\	
Screen length: 40	fe	et Screen dian	neter: 16	inches	Type of screen: P\	/C
Screen slot size:	050	inches Set	ting depth: From	80 79	feet to119	feet
Type of completion (check all applica	ble): 🛛 Gravel pa	acked 🔲 Underre	amed 🗌 Open ho	ole 🗌 Natural Develo	ppment
☐ Other (describe):						
Top of lap pipe or re	duction in casing		Feet			
F 0. 14 Pipo 01 101	_		— 1 ee. ore than one scree	n describe or r	ort nago	

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

County: Sharkey Permit # @W-47674 The sketch below only required for water wells (I'vell intercores, thrue depths as sketch). Ground level Description of formations encountered must be provided for all wells and borcholes, unless specifically excempted by regulations. Description of Formations Encountered From (depth) To (depth) Fine Sand 45 49 Fine Sand 50 68 Medium Sand & Gravel 50 68 Medium Sand & Gravel 69 117 Fine Sand 118 122 Blanked 3' on Bottom Blanked 3' on Bottom Blanked 3' on Bottom Weil # C 3 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			For	Office Us	e Only:
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Common C	Permit #: GW-47674				
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Common C	The sketch below only required for water wells	Description of formations	encountered must	be provided fo	or all wells
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	if applicable, and state laws.			>	
FULL NAME OF RESOURSIDE FICENSES AND FICENSE NO. 11210 Signature of Licenses	Print Name of Responsible Licensee and License N		Signature	of Licenses	

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

County: Sharkey Permit #: GW-47674 Driller: Irrigation Equipment Date drilling completed: 10/03/2013

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#:	<u> </u>
Aquifer:	

Copy information from block on Part 1

Patrick Chism

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

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 Owner Name: Helena Plantation Latitude: 32 55' 36.8 N Longitude: 90 52' 48.1 W Mailing Address: Box 247 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS Ms 39159 **Rolling Fork** NE 1/4 SE 1/4, Sec 35 T 13 N R 7 W State Zip code City North Rolling Fork Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (check one) ☑ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Rated Pump Capacity: 1000+/- Gallons Per Minute Date Pump Installed 10/04/2013 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: 30 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: GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: McCrometer ___ Meter Serial Number: 13-05281 Meter Model Number/Name: M0306 Type of Meter: Impellor Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: Irrigation Equipment Installation Date: 10/04/2013 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 mebsite. I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

10/22/2013

Date

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

Signature of Pump Installer