County:	Sharkey	
Permit #:	GW-49234	
Driller:	Irrigation Eq	uipment Inc.
Date drill	ing completed:	11-13-2015

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#: 6250 E-Log #: _

State Law requires that this report be prepared by the lic 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: Carter brothers / Gip Carter	Latitude: 32 56' 23.1" Longitude: 90 53' 31.2"
Mailing Address: Box 458	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Rolling Fork MS 39159	<u>SE</u> 1/4 <u>SW</u> 1/4, Sec <u>26</u> T <u>13N</u> R <u>7W</u>
City State Zip code	Dolling Fork
Telephone No	Miles ofRolling Fork
Well / Bo	rehole Data
Date drilling started: 11-13-2015 Date drilling completed:	11-13-2015 Hole depth: 138 Hole diameter: 24
Location of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and deve	
Logs run (check all applicable): No log run Electric Gam	ma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗍 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotech	nical/Geological Investigation
☐ Seismic Survey	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ P	
Pother (describe): Replacement Well	- Indicated
•	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 23 feet [□ above or ☒ below (check one)	w] land surface Date measured: 11-16-2015
Method of Measurement (check one) 🛭 Steel tape 🗌 Electric tap	e Air line Other: (describe)
Well depth: 138 Well grouted to a depth of: 10 feet	Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 86 feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 52 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: inches Setting depth:	From feet to feet
Type of completion (check all applicable): 🏻 Gravel packed 🔲 Ui	nderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	Wett floride
If telescoped or more than on	e screen, describe on next page

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

	F	or Office Use (Only:
County: Sharkey	Well#:	C 250	
Permit #: GW-49234			
The sketch below only required for water wells	Description of formations encountered ma		ll wells
If well telescopes, show depths on sketch.	and boreholes, unless specifically exempte	ed by regulations	
	Description of Formations Encountered	From (depth)	To (depth)
Ground level	Clay	Ground level	30
	Fine Sand	31	41
	Fine Sand & Gravel	42	84
	Med. Sand & Gravel	85	99
	Fine Sand & Gravel	100	138
			1
	Screen 14' .050	87	100
	Screen 38' .032	101	138
			<u> </u>
			<u> </u>
If more than one screen, show location of each on sketch			<u> </u>
Sketch the property layout and include the following:			
1) the well location			
 any permanent structures on the property that mag any roads, power lines, or other items that may a 	ay aid in locating the well		
4) a north arrow	id in locating the property and the well		
,			
Landowner Name:			
	· · · · · · · · · · · · · · · · · · ·		
HEDERY CERTIES that the well-beach along different		Form: OLWR-S	WR-1A (04/08)
HEREBY CERTIFY that the well/borehole was drilled, crequirements of the Mississippi Department of Environment	onstructed, and completed in accordance we ental Quality and the Mississippi Department	un an applicable Fof He alth regulation	ons.
f applicable, and state laws.			
0695	11-23-2015		

11-23-2015

Date

Print Name of Responsible Licensee and License No.

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

Signature of Licensee

County: Sharkey GW-49234 Permit #: **Driller:** Irrigation Equipment Inc. 11-13-2015 Date drilling completed:

Copy information from block on Part 1

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

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#:	C 250			
Aquifer:				

Well Owner Information			partment at the above address within 30 days of well completion. Well Location				
Owner Name: Carter Bro	thers / Gip Carter		Latitude: _	90 53' 31.2"			
Mailing Address: Box 450	8		Method of L	Lat/Long	(check on	e): Con	ventional Survey,
						_	
	· · · · · · · · · · · · · · · · · · ·		USGS q	juad, ⊠	Hand-held	GPS, ∐ Su	rvey-grade GPS
Rolling Fork	MS	39159		<u>SE</u>	% <u>SW</u> %, 9	Sec <u>26</u> T <u>13N</u>	<u>l</u> R <u>7W</u>
City	State	Zip code				_	Dalling Fact
Telephone No. ((Distance	Miles	(Directi	on) of _	Rolling Fork (Nearest Town)
		Pump Tv	rpe (check one)	 I			
☐ Submersible ☑ Turbine [□ Air Lift □ Centrifu		-		l Rotarv □	Other (descr	rihe):
Date Pump Installed 11-1							Gallons Per Minute
s This Pump (check one): D			=	арасну	21007/-		Gallons Per Minute
s mis r ump (check one). 2	3 New [] Nepalied		ype (check one))			·····
☑ Electric 🏻 Diesel 🗖 Gas	oline □ Natural Gas	s ☐ Tractor PT0	O∏ Windmill □	7 Other	(describe):		
lorse Power Rating of Moto						'	
		Octung Depth			_ 1001 110		cs. <u> </u>
	P	ump Test Data	for Non Flowi	ng Well			
Date Well Tested:		•	Duration of	Pump T	est (minim	ım 4 hours):	Hou
Static Water Level (A):	Feet Beld	ow Land Surface					
)rawdown [(B) - (A)]:							
Method of measurement (ch							
-			ita for Flowing				
Measured shut in head:	Feet	•	_				
Vell yielded	GPM with a draw	down of		feet afte	r	ho	ure of numping
					•		urs or pumping
		Meter	Installation				
Meter Manufacturer:			Meter Se	erial Nur	nber:		
				erial Nur of Meter:			
fleter Model Number/Name:	•		Туре о	of Meter:		<u> </u>	
feter Model Number/Name: otalizer Register Unit and M	: Multiplier Factor (AF		Type o	of Meter:			
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Manstallation Date: S This Meter (check one):	: Multiplier Factor (AF Meter	x .001, gal x 10	Type o	of Meter:			
Meter Model Number/Name: Otalizer Register Unit and Management	: Multiplier Factor (AF Meter] New □ Repaired	x .001, gal x 10 installed by: Replacementation you are ce	Type o	of Meter:	was install	ed to manufa	
Meter Model Number/Name: Totalizer Register Unit and Manstallation Date: S This Meter (check one):	Multiplier Factor (AF Meter New Repaired Ing the above inform For agricultural w	x .001, gal x 10 installed by: Replacement for you are cevells, a list of approximation.	Type of the control o	of Meter:	was install	ed to manufa	

Date

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

Signature of Pump Installer