	STATE WELL REPORT	For Office Use Only:
County: Sharkey	Part 1	Well #:
Permit #: GW-48091 🗸	Driller's Log Mississippi Department of Environmental Quality	Aquifer:
Driller: Irrigation Equipment	Office of Land and Water Resources	E-Log #:
Date drilling completed: 08/09/2014	P.O. Box 2309 Jackson, MS 39225-2309	
	(601) 961-5210	
	(601) 360-0535 (fax)	
	be prepared by the license holder responsible for ithin 30 days of completion of drilling of the we	
Well Owner Informa	tion Well or Bo	prehole Location
(<i>Landowner if borehole is not fo</i> Dwner Name: Kline Mercantile Co.	Latitude: 33 00' 30.6 N	43 Longitude: 90 40° 40.6 W
Mailing Address: P.O. Box 353	Method of Lat/Long (check or	ne): 🔲 Conventional Survey,
	USGS quad, 🛛 Hand-held	d GPS, 🔲 Survey-grade GPS
Anguilla Ms	38721 <u>NE</u> ¼ <u>NE</u> ¼,	Sec <u>5</u> T <u>13 N</u> R <u>5 W</u>
City State	e Zipcode	
Telephone No () -	<u> </u>	
	Well / Borehole Data	
Date drilling started: 08/09/2014 D	Pate drilling completed: 08/09/2014 Hole depth: 12	4' Hole diameter: 20"
ocation of the source of any surface wat	ter used for drilling: Surface Water	
	used in drilling and development: 50 PPM	
Method of dosing and volume of Chlorine		
-		
Logs run (check all applicable): 🖾 No log	g run 🗍 Electric 🗋 Gamma Ray 🗍 Density 🗌 Sonic 🗌	Neutron 🗌 Other:
Logs run (check all applicable): 🖾 No log	g run [] Electric [] Gamma Ray [] Density [] Sonic [] Neutron [] Other:
Logs run (check all applicable): 🛛 No log Name of organization running log(s):		
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🕅 W	ater Well Geotechnical/Geological Investigation	Ground Source Heat Pump
Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🛛 W 🗌 S	later Well	Ground Source Heat Pump
Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗆 S <i>If drilling is not rela</i>	Tater Well Geotechnical/Geological Investigation Geismic Survey Other (describe) Cated to water well construction, skip the remained	Ground Source Heat Pump
Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗆 S <i>If drilling is not rela</i>	later Well	Ground Source Heat Pump
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	For	O
County: Sharkey	Well #:	Ì
Permit #: GW-48091		
The sketch below only required for water wells	Description of formations encountered must l and boreholes, unless specifically exempted b	<u>be p</u>
If well telescopes, show depths on sketch.		<u>y 10</u>
C	Description of Formations Encountered	F
Ground level	Clay	G
F	Fine Sand	34
F	Fine Sand & Gravel	4
	Medium Sand & Gravel	7
		
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	For Office Use Only:	
Nell #:	D59	

provide<u>d for all wells</u> egulations

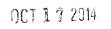
Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	33
Fine Sand	34	48
Fine Sand & Gravel	49	75
Medium Sand & Gravel	76	124
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If more than one screen, show location of each on sketch

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1	Sketch the	nronerty	layout and	include the	following
	ORCION UIC	property	iayout ana		1000000 ing

1) the well location	
2) any permanent structures on the property that may aid in locating the well	
3) any roads, power lines, or other items that may aid in locating the property and the well	
4) a north arrow	
Landowner Name: Kline Mercantile Co.	
Form: OLWR-SWR-1A (04/08)	
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable	
requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations,	
if applicable, and state laws. Patrick Chism 0695 08/09/2014	
	المعطب فكسب بال
Print Name of Perspensible Licensee and Licensee No. Date Signature of Licensee	
Print Name of Responsible Licensee and License No. Date Signature of Licensee	ED



		STATE W	VELL REPORT	For C	Office Use Only:
County: Sharkey			Part 2		D59
Permit #: GW-48091		Pump Installer	r's Completion Repor nent of Environmental Qual	t inv	
Driller: Irrigation Equip	ment	Office of Land	I and Water Resources	Aquifer: _	
Date dritting completed: 08	/09/2014		O. Box 2309 , MS 39225-2309		
Copy information from bl		(60)1) 961-5210 360-0535 (fax)		
of the report must be atta Well C Owner Name: Kline Me Mailing Address: P.O. E Anguilla City	ached and both par Dwner Information rcantile Co.	<i>ts filed with the Depo</i> n	Latitude: <u>33 00' 30.6 N</u> Method of Lat/Long (chec □ USGS quad, ⊠ Hand <u>NE</u> ¼ <u>NE</u>	within <u>30 days</u> Well Location Longitud k one): □ C	of well completion. e: 90,40 ⁴ 40.6 W 43 onventional Survey, Survey-grade GPS <u>N</u> R <u>5 W</u>
		Pump Tyj	pe (check one)		· · · · · · · · · · · · · · · · · · ·
🗆 Submersible 🛛 Turbin	e 🗌 Air Lift 🗌 Cer	ntrifugal 🔲 Flowing V	Vell 🗌 Jet 🗌 Piston 🗌 Rota	ry 🗌 Other (de:	scribe):
Date Pump Installed	0/10/2014		Rated Pump Capacity:		Gallons Per Minute
Is This Pump (check one)	: 🖾 New 🗋 Repa				
—		Gas [] Tractor PTO Setting Depth:	pe (check one) Windmill Other (descing) 70' fee for Non Flowing Well		
Horse Power Rating of Mo	otor: <u>40</u>	Gas [] Tractor PTO Setting Depth: Pump Test Data	for Non Flowing Well Duration of Pump Test (n	Number of St	tages: 2 s): Hou
Horse Power Rating of Mo	otor: <u>40</u> Feet	Gas [] Tractor PTO Setting Depth: Pump Test Data	Windmill Other (descination) 70' fee for Non Flowing Well Duration of Pump Test (next) Duration Water Level (8) Pumping Water Level (8)	Number of St	s): Hou Feet Below Land Surfa
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