County:	Sharkey	
	GW-46928	/
	Irrigation Eq	
Date drill	ing completed:	05/15/2014

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#:	F83			
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 comp	letion of drilling of the well or borehole.
Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 32 54' 24.0 N Longitude: 90 55' 19.7 W
Owner Name: Miriam M. Perry	Latitude: 32 34 24.0 N Longitude. 30 33 13.7 W
Mailing Address: P.O. Box 458	Method of Lat/Long (check one):
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Rolling Fork Ms 39159	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>9</u> T <u>12 N</u> R <u>7 W</u>
City State Zip code	<u> </u>
Telephone No	2 Miles West of Rolling Fork (Distance) (Direction) (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 05/15/2014 Date drilling completed: 0	15/15/2014 Hole depth: 126' Hole diameter: 24"
Method of dosing and volume of Chlorine used in drilling and deve	lopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gamr	na Ray 🗌 Density 🗌 Sonic 🗍 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechi	nical/Geological Investigation
☐ Seismic Survey ☐ C	Other (describe)
_ , _	
ij aruting is not retated to water well cons	struction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ Pu	ublic Supply ☑ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 11' feet [□ above or ☒ below (check one)	/] land surface Date measured: 05/21/2014
Method of Measurement (check one) ⊠ Steel tape ☐ Electric tape	e 🗌 Air line 🔲 Other: (describe)
Well depth: 126' 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: 40' feet Screen diameter: 16"	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	
Type of completion (check all applicable): Gravel packed Un	gerreamed 🖂 Open noie 🗀 Natural Development
☐ Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than one	screen, describe on next page

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

		E Off H	0.1.
		For Office Use	Only:
County: Sharkey		Well#: <u>E83</u>	
Permit #: GW-46928			
The sketch below only required for water wells	Description of formations enco	untered must be provided for a	ll wells
	and boreholes, unless specifica		u weus
If well telescopes, show depths on sketch.			T (1
Ground level ———	Description of Formations En	countered From (depth) Ground level	To (depth)
<u> </u>	Clay Fine Sand	34	47
	Fine Sand & Gravel	48	77
	Medium Sand & Grave		126
]	Medium Sand & Grave	70	120
			
			<u> </u>
			
			
			
			ļ <u>-</u>
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			·
If more than one screen, show location of each on ske	etch		<u> </u>
·			
Sketch the property layout and include the follow 1) the well location	ring:		
2) any permanent structures on the property	y that may aid in locating the well		
3) any roads, power lines, or other items that		well	
4) a north arrow			
Miriam M Darny			
Landowner Name: Miriam M. Perry		•	
		Form: OLWR-S	SWR-1A (04/08
I HEREBY CERTIFY that the well/borehole was	drilled, constructed, and completed in acc	ordance with all applicable	one
requirements of the Mississippi Department of Erif applicable, and state laws.	nvironmental Quality and the Mississippi L	repartment of mealth regulation	UI 13,
Patrrick Chism 0695	06/11/2014		
Print Name of Responsible Licensee and Licens		Signature of Licensee	

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

County:	Sharkey
Permit #:	OM 40000
Driller:	Irrigation Equipment
1	ing completed: 05/15/2014
	information from block on Part 1

From available to France On A Distr. 044 040 0400. FranceOn & Distr. com.

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#:	_E83			
Aquifer:				

	Well Owner	Information		artment at the above addr	Well Loc	ation	
Owner Name: N	liriam M. Per	ry		Latitude: 32 54' 24.	0 N Lo	ngitude:	90 55' 19.7 W
Mailing Address:	P.O. Box 4	58		Method of Lat/Long (c	heck one):	☐ Con	ventional Survey,
				☐ USGS quad, ☑ Ha	and-held GP	S, 🗌 Su	vey-grade GPS
Rolling Fork		Ms State	39159 Zip code	<u>NE</u> 1/4	<u>NW</u> ¼, Sec	9 T <u>12 N</u>	R <u>7 W</u>
Telephone No.	()			2 Miles (Distance)	West (Direction)	_ of _	Rolling Fork (Nearest Town)
			Pump Ty	pe (check one)			· · · · · · · · · · · · · · · · · · ·
☐ Submersible 5	☑ Turbine 🏻 A	ir Lift 🗌 Centri	ifugal 🗆 Flowing \	Well 🗌 Jet 🔲 Piston 🔲 R	Rotary 🗆 Oth	er (desci	ribe):
Date Pump Instal				Rated Pump Capacity: _			
			ed Replacemen	nt			
			Power Ty	pe (check one)			
⊠ Electric □ Die	sel 🗌 Gasolin	e 🛘 Natural G	as Tractor PTC	O Windmill Other (de	escribe):		
Horse Power Rat	ing of Motor:	60	_ Setting Depth	70	feet Numbe	er of Stag	es: <u>1</u>
		. .	Pump Test Data	for Non Flowing Well			- 10
Date Well Tested	l:			Duration of Pump Tes	st <i>(minimum 4</i>	4 hours):	Hours
				Pumping Water Level	,		
				face Test Pumping Rat			
Brandonn ((B)	(,,)}. ————			idoc i cat i diriping itat	·		
Method of measu	rement (check	(one): 🔲 Steel		ape Air line Other (describe):		
Method of measu	rement (check	(one): Steel	l tape Electric t	ape ☐ Air line ☐ Other (describe):		
Method of measu		cone): ☐ Steel	l tape Electric t Pump Test Da		describe):		
Measured shut in	head:	Fee	I tape				
Measured shut in	head:	Fee	l tape ☐ Electric t Pump Test Da et wdown of	ta for Flowing Well			
Measured shut in	head:	Fee	Pump Test Da et wdown of Meter	feet after		ho	ours of pumping
Measured shut in Well yielded	rer:	Fee	Pump Test Da et wdown of Meter	feet after Installation Meter Serial Numb	per:	ho	urs of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num	rer:nber/Name: _	Fee	l tape ☐ Electric t Pump Test Da et wdown of Meter	feet after Installation Meter Serial Numb	per:	ho	urs of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num Totalizer Register	rer:nber/Name: _	Fee SPM with a draw	Pump Test Da et wdown of Meter F x .001, gal x 10	feet after Installation Meter Serial Numb	per:	ho	urs of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num Totalizer Register Installation Date:	rer: on the state of the	Fee SPM with a draw iplier Factor (A Mete	Pump Test Da et wdown of Meter F x .001, gal x 10 er installed by:	feet after feet after Installation Meter Serial Numb Type of Meter: 00, etc):	per:	ho	urs of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num Totalizer Register Installation Date: Is This Meter (che	rer: O The control of the co	Fee SPM with a draw iplier Factor (A Mete ew Repaired the above infort	Pump Test Da et wdown of Meter F x .001, gal x 10 er installed by: d Replacemen mation you are ce	feet after feet after Installation Meter Serial Numb Type of Meter: 00, etc): t	er:	ho	ours of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num Totalizer Register Installation Date: Is This Meter (che	rer: O The control of the co	Fee SPM with a draw iplier Factor (A Mete ew Repaired the above infortion agricultural	Pump Test Da et wdown of Meter F x .001, gal x 10 er installed by: d \(\text{Preplacement} \) mation you are ce wells, a list of app	ta for Flowing Well feet after Installation Meter Serial Numb Type of Meter: 00, etc): t	er:	ho	ours of pumping
Measured shut in Well yielded Meter Manufactur Meter Model Num Totalizer Register Installation Date: Is This Meter (che	rer: O The control of the con	Fee SPM with a draw iplier Factor (A Mete ew Repaired the above infortion agricultural	Pump Test Da et wdown of Meter F x .001, gal x 10 er installed by: d \(\text{Preplacement} \) mation you are ce wells, a list of app	feet after Installation Meter Serial Numb Type of Meter: 00, etc): t rtifying that this meter was	er:	ho	ours of pumping

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