		LL REPORT		ce Use Only
County: Sharkey 125	Part 1 Driller's Log Mississippi Department of Environmental Quality		Well #: <u>_</u>]	1
Permit #: GW-48694			uality	Aquifer:
Driller: Irrigation Equipment Inc.	Office of Land ar P.O. I	E-Log #:		
Date drilling completed: 06/04/2015	(601) :	IS 39225-2309 961-5210 0-0535 (fax)	L.,	
State Law requires that this report	· · ·	. ,	ble for the work an	d filed with th
Department at the above address	within 30 days of compl	etion of drilling of a	the well or borehole	2
Well Owner Inform (Landowner if borehole is not		we	I or Borehole Locatio	n
Owner Name: Jo Ann Gray		Latitude: 32 50' 46.0	5 N Longitude:	90 56' 04.2 W
Mailing Address: 1960 North Parkwa	ay 1102 I	Method of Lat/Long (cl	heck one): 🗌 Conve	entional Survey,
		🗌 USGS quad, 🛛 Ha	nd-held GPS, 🔲 Surv	ey-grade GPS
Memphis Tn City Sta	38112 ate Zip code	<u>NE</u> ¼ <u>I</u>	<mark>\E</mark> ¼, Sec <u>32</u> ⊤ <u>12 N</u> F	र <u>7 W</u>
Telephone No. () -		Miles (Distance)	Southwest of	Rolling Fork
	Well / Borel	hole Data		
Date drilling started: _06/04/2015_	Date drilling completed:6	04/2015 Hole dept	h: 127' Hole c	liameter: 24"
Location of the source of any surface w	ater used for drilling: Sur	face Water		
Method of dosing and volume of Chlorin	e used in drilling and develo	opment: 50 PPM		
Logs run (check all applicable); 🕅 No Ic	og run 🗌 Electric 🔲 Gamma		ionic 🗍 Neutron 🗍 Ot	her:
Logs run (check all applicable): 🛛 No lo	og run 🗌 Electric 🗌 Gamma		ionic 🗋 Neutron 🗋 Ot	her:
Name of organization running log(s):	-	a Ray 🗌 Density 🗌 S		
Name of organization running log(s): Purpose of borehole (check one): X	Vater Well 🔲 Geotechnic	a Ray [] Density [] S cal/Geological Investig	pation 🔲 Ground Sc	
Name of organization running log(s): Purpose of borehole (check one): ØV	Vater Well ☐ Geotechni Seismic Survey ☐ Otl	a Ray [] Density [] S cal/Geological Investig her (describe)	pation 🔲 Ground Sc	ource Heat Pum
Name of organization running log(s): Purpose of borehole (check one): ØV D <u>If drilling is not re</u>	Nater Well	a Ray [] Density [] S cal/Geological Investig her (describe) ruction, skip the re	gation	ource Heat Pum
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Nater Well	a Ray [] Density [] S cal/Geological Investig her (describe) ruction, skip the re	gation	ource Heat Pum
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe):	Water Well Geotechnic Seismic Survey Other Idated to water well const Home Industrial	a Ray Density S Cal/Geological Investig ther (<i>describe</i>) <i>ruction, skip the re</i> Dlic Supply Irrigatior	gation	ource Heat Pum
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation	Water Well Geotechnic Seismic Survey Other Idated to water well const Home Industrial Home Industrial Pub Dri: Valve	a Ray Density S cal/Geological Investig ther (<i>describe</i>) <i>ruction, skip the re</i> blic Supply Irrigatior Other (describe)	gation	ource Heat Pum
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation Static Water Level: <u>15'</u>	Nater Well Geotechnic Seismic Survey Otl Iated to water well const Home Industrial Home Industrial Non: Valve feet [] above or [X] below] (check one)	a Ray Density S Cal/Geological Investig ther (<i>describe</i>) <i>ruction, skip the re</i> Dic Supply Irrigation Other (describe) land surface Dat	gation Ground So mainder of this bloc D Fish Culture	ource Heat Pum ck 2015
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation	Nater Well Geotechnic Seismic Survey Otl Iated to water well const Home Industrial Home Industrial Non: Valve feet [] above or [X] below] (check one)	a Ray Density S Cal/Geological Investig ther (<i>describe</i>) <i>ruction, skip the re</i> Dic Supply Irrigation Other (describe) land surface Dat	gation Ground So mainder of this bloc D Fish Culture	ource Heat Pum ck 2015
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation Static Water Level: <u>15'</u>	Nater Well Geotechnic Seismic Survey Otl Iated to water well const Home Industrial Home Industrial Home Industrial Pub on: Valve (check one) Steel tape Electric tape	a Ray Density S Cal/Geological Investig ther (<i>describe</i>) <i>ruction, skip the re</i> Dic Supply Irrigation Other (describe) land surface Dat Air line Other: (describe)	gation	ource Heat Pum ck
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation Static Water Level: <u>15'</u> Method of Measurement (check one) Ø	Nater Well Geotechnic Seismic Survey Otl Industrial Otl Industrial Pub Industrial Industrial Industrial In	a Ray Density S cal/Geological Investig her (<i>describe</i>) <i>ruction, skip the re</i> blic Supply I Irrigation Other (describe) land surface Dat Air line Other: (Type of grout (check o	gation	ource Heat Pum ck 2015 ⊠ Bentonite □
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation Static Water Level: <u>15'</u> Method of Measurement (check one) Ø Well depth: <u>127'</u> Well grouted to a	Nater Well Geotechnic Seismic Survey Otti Iated to water well const Home Industrial Home Industrial Home Industrial Put on: Valve feet [] above or [X] below] (check one) Steel tape Electric tape a depth of: 10' feet Casing diameter: 16"	a Ray Density S cal/Geological Investig her (<i>describe</i>) <i>ruction, skip the re</i> blic Supply Irrigation Other (describe) land surface Dat Air line Other: (Type of grout (<i>check o</i> inches	gation	Durce Heat Pum ck 2015 Image: Bentonite
Name of organization running log(s): Purpose of borehole (check one): Ø V <i>If drilling is not re</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation Static Water Level: 15' Method of Measurement (check one) Ø Well depth: 127' Well grouted to a Casing length: 87' feet	Nater Well Geotechnic Seismic Survey Ott Iated to water well const Home Industrial Home Industrial Home Industrial Put feet above or Steel tape Electric tape a depth of: 10' Casing diameter: 16" Screen diameter: 16"	a Ray Density S cal/Geological Investig her (<i>describe</i>) <i>ruction, skip the re</i> plic Supply Irrigation Other (describe) land surface Dat Air line Other: (<i>i</i> Type of grout (<i>check of</i> inches inches	gation	ource Heat Pum ck 2015 ⊠ Bentonite □
Name of organization running log(s): Purpose of borehole (check one): If drilling is not regulations Purpose of Well (check all applicable): Purpose of Well (check all applicable): Other (describe):	Nater Well Geotechnic Seismic Survey Otti Iated to water well const Home Industrial Home Industrial Home Industrial Put on: Valve feet [] above or [X] below] (check one) Steel tape Electric tape a depth of: 10' Casing diameter: 16" Screen diameter: 16" inches Setting depth: Fill	a Ray Density S cal/Geological Investig her (<i>describe</i>) <i>ruction, skip the re</i> Dic Supply Irrigation Other (describe) land surface Dat Air line Other: (<i>d</i> Type of grout (<i>check o</i> inches inches inches	gation Ground So mainder of this bloc mainder of this bloc main	ource Heat Pum ck 2015 ⊠ Bentonite □ fe
Name of organization running log(s): Purpose of borehole (check one): If drilling is not re If drilling is not re Purpose of Well (check all applicable): Other (describe): Other (describe): If a flowing well, method of flow regulation Static Water Level: 15' Method of Measurement (check one) Well depth: 127' Well grouted to a Casing length: 87' feet Screen length: 40' feet Screen slot size: .050 Type of completion (check all applicable)	Nater Well Geotechnic Seismic Survey Otti Iated to water well const Home Industrial Home Industrial Home Industrial Put on: Valve feet [] above or [X] below] (check one) Steel tape Electric tape a depth of: 10' Casing diameter: 16" Screen diameter: 16" inches Setting depth: Fill	a Ray Density S Cal/Geological Investig her (describe) ruction, skip the re olic Supply Irrigation Other (describe) land surface Dat Air line Other: (d Type of grout (check of inches inches rom 88' Other (Den ho	gation Ground So mainder of this bloc mainder of this bloc Tish Culture Tish Culture describe) me): Neat Cement Type of casing: <u>PVC</u> Type of screen: <u>PVC</u> feet to <u>127'</u> Ie Natural Developr	ource Heat Pum ck 2015 ⊠ Bentonite □ fe
Name of organization running log(s): Purpose of borehole (check one): If drilling is not re If drilling is not re Purpose of Well (check all applicable): Other (describe): Other (describe): If a flowing well, method of flow regulation Static Water Level: 15' Method of Measurement (check one) Well depth: 127' Well grouted to a Casing length: 87' feet Screen length: 40' feet Screen slot size: .050 Type of completion (check all applicable)	Water Well Geotechnic Seismic Survey Ott Iated to water well const Iated to water Iated to water	a Ray Density S Cal/Geological Investig her (describe) ruction, skip the re olic Supply Irrigation Other (describe) land surface Dat Air line Other: (d Type of grout (check of inches inches rom 88' Other (Den ho	gation Ground So mainder of this bloc mainder of this bloc Tish Culture Tish Culture describe) me): Neat Cement Type of casing: <u>PVC</u> Type of screen: <u>PVC</u> feet to <u>127'</u> Ie Natural Developr	ource Heat Pum ck 2015 ⊠ Bentonite □ fe

~~~

х г

From announded by Frome On & Distr. 044.040.0400. From On ADistrict

| County: Sharkey<br>Permit #: <u>GW-48694</u>                                                       | Fo.<br>Well #: Ĕ                                                                         | r Office Use (<br>87 | Only:      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|------------|
| <u>The sketch below only required for water wells</u><br>f well telescopes, show depths on sketch. | Description of formations encountered mus<br>and boreholes, unless specifically exempted |                      | ll wells   |
|                                                                                                    | Description of Formations Encountered                                                    | From (depth)         | To (depth) |
| Ground level                                                                                       | Clay                                                                                     | Ground level         | 42         |
|                                                                                                    | Fine Sand                                                                                | 43                   | 57         |
|                                                                                                    | Fine Sand & Gravel                                                                       | 58                   | 69         |
|                                                                                                    | Medium Sand & Gravel                                                                     | 70                   | 127        |
|                                                                                                    |                                                                                          |                      |            |
|                                                                                                    |                                                                                          |                      |            |

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

\$

• 3

١.

.

| Sketch the property layo<br>1) the well location        | ut and include the following:       |                                       |                                                                                                                |
|---------------------------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                                                         | tructures on the property that ma   | y aid in locating the well            |                                                                                                                |
| <ol><li>any roads, powe</li></ol>                       | r lines, or other items that may a  |                                       | and the well                                                                                                   |
| 4) a north arrow                                        |                                     |                                       |                                                                                                                |
|                                                         |                                     |                                       |                                                                                                                |
|                                                         |                                     |                                       |                                                                                                                |
|                                                         |                                     |                                       |                                                                                                                |
|                                                         |                                     |                                       |                                                                                                                |
|                                                         |                                     |                                       | the second s |
|                                                         |                                     |                                       | RECEIVED                                                                                                       |
|                                                         |                                     |                                       | AUC 1 6 0046                                                                                                   |
|                                                         |                                     |                                       | AUG 1 7 2015                                                                                                   |
|                                                         |                                     |                                       | wat a state                                                                                                    |
| Landowner Name:                                         | Jo Ann Gray                         |                                       | BY: OLWR                                                                                                       |
|                                                         |                                     |                                       | Form: OLWR-SWR-1A (04/08)                                                                                      |
| I HEREBY CERTIFY that                                   | t the well/borehole was drilled, co | onstructed, and completed             | The accordance with all applicable                                                                             |
| requirements of the Miss<br>if applicable, and state la | issippi Department of Environme     | ntal Quality and the Missi            | ssippi Department of Health regulations,                                                                       |
| Patrick Chism                                           | <b>0695</b>                         | 08/01/2015                            | 622                                                                                                            |
| Print Name of Responsi                                  | ble Licensee and License No.        | Date                                  | Signature of Licensee                                                                                          |
|                                                         |                                     | · · · · · · · · · · · · · · · · · · · | Form: OLWR-SWR-1A (4/13)                                                                                       |

| Chadrey                                                                                                                                                                                                                                                        |                                                                                                                                         | ELL REPORT Part 2                                                                                                    | For Office Use Only<br>Well #: E87                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| County: Sharkey                                                                                                                                                                                                                                                | t ·                                                                                                                                     | s Completion Report                                                                                                  | VVCII #                                                                 |  |
| Permit #: <b>GW-48694</b>                                                                                                                                                                                                                                      | Mississippi Departme                                                                                                                    | nt of Environmental Quality                                                                                          |                                                                         |  |
| Driller: Irrigation Equipment Inc                                                                                                                                                                                                                              |                                                                                                                                         | and Water Resources<br>Box 2309                                                                                      | Aquifer:                                                                |  |
| Date drilling completed: 06/04/2015                                                                                                                                                                                                                            |                                                                                                                                         | MS 39225-2309                                                                                                        |                                                                         |  |
| Copy information from block on Part 1                                                                                                                                                                                                                          | (601) 961-5210<br>(601) 360-0535 (fax)                                                                                                  |                                                                                                                      |                                                                         |  |
| This part of the report must be completed                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                      | installer A copy of Part 1                                              |  |
| of the report must be attached and both                                                                                                                                                                                                                        | a by a accensed water wea<br>parts filed with the Depar                                                                                 | tment at the above address with                                                                                      | in 30 days of well completion.                                          |  |
| Well Owner Informat                                                                                                                                                                                                                                            | tion                                                                                                                                    | We                                                                                                                   | I Location                                                              |  |
| Owner Name: Jo Ann Gray                                                                                                                                                                                                                                        | <u> </u>                                                                                                                                | Latitude: 32 50' 46.6 N                                                                                              | Longitude: 90 56' 04.2 W                                                |  |
| Mailing Address: 1960 North Parkway                                                                                                                                                                                                                            | / 1102                                                                                                                                  | Method of Lat/Long (check of                                                                                         | ne): 🔲 Conventional Survey                                              |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         | 🔲 USGS quad, 🖾 Hand-hel                                                                                              | d GPS, 🔲 Survey-grade GPS                                               |  |
| Memphis Tn                                                                                                                                                                                                                                                     | 38112                                                                                                                                   | NE ½ NE ½,                                                                                                           | Sec <u>32</u> T <u>12 N</u> R <u>7 W</u>                                |  |
| City State                                                                                                                                                                                                                                                     | e Zip code                                                                                                                              |                                                                                                                      |                                                                         |  |
| Telephone No. () -                                                                                                                                                                                                                                             |                                                                                                                                         | 5 Miles South                                                                                                        | west of Rolling Fork                                                    |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                                      |                                                                         |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         | (check one)                                                                                                          |                                                                         |  |
| 🖸 Submersible 🛛 Turbine 🗖 Air Lift 🗋 C                                                                                                                                                                                                                         |                                                                                                                                         |                                                                                                                      |                                                                         |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         | ated Pump Capacity: 2500+/                                                                                           | Gallons Per M                                                           |  |
| Is This Pump (check one): 🛛 New 🗌 Re                                                                                                                                                                                                                           |                                                                                                                                         | check one)                                                                                                           |                                                                         |  |
| 🔲 Electric 🛛 Diesel 🔲 Gasoline 🔲 Natur                                                                                                                                                                                                                         | 21                                                                                                                                      |                                                                                                                      | :                                                                       |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         | 70' feet N                                                                                                           |                                                                         |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                                      |                                                                         |  |
|                                                                                                                                                                                                                                                                | Pump Test Data fo                                                                                                                       | r Non Flowing Well                                                                                                   |                                                                         |  |
| Date Well Tested:                                                                                                                                                                                                                                              |                                                                                                                                         | Duration of Pump Test (minin                                                                                         | num 4 hours):                                                           |  |
| Static Water Level (A): Fe                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                      |                                                                         |  |
| Drawdown [(B) - (A)]:                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                                                                      |                                                                         |  |
| Method of measurement (check one).                                                                                                                                                                                                                             |                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                |                                                                         |  |
|                                                                                                                                                                                                                                                                | · · ·                                                                                                                                   | for Flowing Well                                                                                                     |                                                                         |  |
| Measured shut in head:                                                                                                                                                                                                                                         | _ Feet                                                                                                                                  |                                                                                                                      |                                                                         |  |
| Well yielded GPM with a                                                                                                                                                                                                                                        | a drawdown of                                                                                                                           | feet after                                                                                                           | hours of numping                                                        |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                                      |                                                                         |  |
|                                                                                                                                                                                                                                                                | Meter In:                                                                                                                               | stallation                                                                                                           | ₩₩₩ <sup>1</sup>                                                        |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                                      |                                                                         |  |
| Meter Manufacturer:                                                                                                                                                                                                                                            |                                                                                                                                         | Meter Serial Number:                                                                                                 |                                                                         |  |
| Meter Manufacturer:                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                                                      |                                                                         |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                         | Type of Meter:                                                                                                       |                                                                         |  |
| Meter Model Number/Name:                                                                                                                                                                                                                                       | or (AF x .001, gal x 1000                                                                                                               | Type of Meter:                                                                                                       |                                                                         |  |
| Meter Model Number/Name:                                                                                                                                                                                                                                       | or (AF x .001, gal x 1000<br>Meter installed by:                                                                                        | Type of Meter:                                                                                                       |                                                                         |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:                                                                                                                                                                | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired [] Replacement                                                               | Type of Meter:<br>, etc):                                                                                            |                                                                         |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:<br>Is This Meter (check one): New Reg<br>Important: By submitting the above is                                                                                 | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired [] Replacement<br><i>information you are certi</i>                           | Type of Meter:<br>, etc):                                                                                            | led to manufacturer standards                                           |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:<br>Is This Meter (check one): New Reg<br>Important: By submitting the above is                                                                                 | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired [] Replacement<br>information you are certi<br>ltural wells, a list of appre | Type of Meter:<br>, etc):<br>fying that this meter was instal<br>oved meters is on the MDEQ w                        | led to manufacturer standards                                           |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:<br>Is This Meter (check one):<br>Important: By submitting the above of<br>For agricult                                                                         | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired [] Replacement<br>information you are certi<br>ltural wells, a list of appre | Type of Meter:<br>, etc):<br>fying that this meter was instal<br>oved meters is on the MDEQ w                        | led to manufacturer standards                                           |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:<br>Is This Meter (check one): Deve Reg<br>Important: By submitting the above of<br>For agricult<br>1 HEREBY CERTIFY that the above state                       | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired                                                                              | Type of Meter:<br>, etc):<br>fying that this meter was instal<br>oved meters is on the MDEQ w<br>st of my knowledge. | led to manufacturer standards<br>ebsite.<br>Signature of Pump installer |  |
| Meter Model Number/Name:<br>Totalizer Register Unit and Multiplier Factor<br>Installation Date:<br>Is This Meter (check one): Deve Reg<br>Important: By submitting the above of<br>For agricult<br>I HEREBY CERTIFY that the above state<br>Patrick Chism 0695 | or (AF x .001, gal x 1000<br>Meter installed by:<br>paired                                                                              | Type of Meter:                                                                                                       | led to manufacturer standards<br>ebsite.                                |  |

л г