County:	Sharkey	
	GW-48688	1
		uipment Inc.
1	ing completed:	03/26/2015

Farms manifold by Farman Om & Diale -044-040-0400 - Farmanou & Diale -am

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#:	E 95		
Aquifer:			
E-Log #:			

Well Owner Information (Landowner if borehole is not for a water well)	ompletion of drilling of the well or borehole. Well or Borehole Location
Owner Name: Kin Growers	Latitude: 32 52 21.4 N Longitude: 90 53 43.4 W
Mailing Address: 70 South First Street	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Rolling Fork Ms 39159	SE 1/4 NE 1/4, Sec 22 T 12 N R 7 W
City State Zip code Telephone No. () -	2 Miles South of Rolling Fork (Distance) (Direction) (Nearest Town)
Well / I	: Borehole Data
Date drilling started: 03/27/2015 Date drilling completed	t: 03/27/2015 Hole depth: 128' 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 d	
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ G	•
Name of organization running log(s):	_
Dumana of basebala (abasis ana). \$\bar{2} \A(star \A(s	
Purpose of borenole (check one): 🗵 water well 🔲 Georg	echnical/Geological Investigation
☐ Seismic Survey	☐ Other (<i>describe</i>)
☐ Seismic Survey	_
☐ Seismic Survey [Other (describe)construction, skip the remainder of this block
☐ Seismic Survey ☐ If drilling is not related to water well of Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐	Other (describe)construction, skip the remainder of this block
☐ Seismic Survey If drilling is not related to water well of Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Other (describe):	☐ Other (describe) construction, skip the remainder of this block ☐ Public Supply ☑ Irrigation ☐ Fish Culture
☐ Seismic Survey If drilling is not related to water well of Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Other (describe): If a flowing well, method of flow regulation: Valve	☐ Other (describe) construction, skip the remainder of this block ☐ Public Supply ☑ Irrigation ☐ Fish Culture Other (describe)
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The sharkey Permit # GW-48888 The shark before only countered for water walls Used telescopes, show dends on shareh. Ground level Description of Formations Encountered must be premisted for all wells and borsholes, unless specifically exempted by regulations. Description of Formations Encountered Form (depth) To (depth)						
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Patrick Chism 0695 05/14/2015	requirements of the Mississippi Departme	ent of Environmental	Quality and the Missis	sippi Department o	f Health regulation	ns,
			EIAAI204E		/_	
			Date	Signatur	e of Licensee	

Print Name of Responsible Licensee and License No.

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

County:	Sharkey
Permit #:	GW-48688
Driller:	Irrigation Equipment Inc.
Data deill	ing completed: 03/26/2015

Copy information from block on Part 1

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:				

of the report must be attac Well O	wner Information	шен тип іне перш	men u me	WUVE UU	Well Loc		TEL COMPLETION
Owner Name: Kin Grow	ers		Latitude: _	32 52° 2°	1.4 N Lo	ngitude:	90 53' 43.4 W
Mailing Address: 70 South First Street			Method of I	Lat/Long	(check one):	☐ Con	ventional Survey,
			□ USGS o	luad, 🔯 I	Hand-held GPS	S, 🗌 Sur	vey-grade GPS
Rolling Fork	Ms	39159		SE 1	4 <u>NE</u> ¼, Sec <u>2</u> 2	2 T <u>12 N</u>	к 7W
City	State	Zip code				-	
Telephone No. () -		(Distance	Miles	(Direction)	_ of	Rolling Fork (Nearest Town)
		Pump Type	(check one))			
☐ Submersible ☑ Turbine	☐ Air Lift ☐ Centrif				Rotary Othe	er (descr	ibe):
Date Pump Installed 03							Gallons Per Minute
ls This Pump (check one):		d Replacement	•				
		Power Type	(check one))			
☑ Electric ☐ Diesel ☐ Ga			_	٠,	· · · · · · · · · · · · · · · · · · ·		
Horse Power Rating of Mot	tor: <u>60</u>	Setting Depth:	70'		feet Number	of Stag	es: <u>1</u>
	F	Pump Test Data fo	r Non Flowi	ng Well			
Date Well Tested:		-		_	st (minimum 4	hours):	Hours
Static Water Level (A):			Pumping W	/ater Leve	el (B):	Fee	et Below Land Surface
Drawdown [(B) - (A)]:							
Method of measurement (c							
		Pump Test Data			1		
Measured shut in head:	Fee	t					
Well yielded	GPM with a draw	down of		feet after		ho	urs of pumping
		Meter in:	stallation				
Meter Manufacturer:			Meter Se	erial Num	ber:		
Meter Model Number/Name	e:		Туре с	of Meter:			
Totalizer Register Unit and	Multiplier Factor (AF	x .001, gal x 1000	, etc):				
Installation Date:	Meter	r installed by:					
ls This Meter (check one):	☐ New ☐ Repaired	I ☐ Replacement					
Important: By submit		nation you are certi wells, a list of appro				manufac	cturer standards.
I HEREBY CERTIFY that t	he above statement	s are true to the be	st of my know	wledge.)	
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Patrick Chism	0695		05/1	4/2015	Vo	\bigcirc	