County:	Sharkey	
	GW-47761	0
Driller: Irrigation Equipment		
Date drilling completed:		05/16/2014

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 #:	H37
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 con				
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location			
Owner Name: Ewing Planting Co.	Latitude: 32 48' 24.6 N Longitude: 90 45' 18.6 W			
Mailing Address: P.O. Box 305	Method of Lat/Long (check one): Conventional Survey,			
	☐ USGS quad, ☑ Hand-held GPS, ☐ Suryey-grade GPS			
Anguilla Ms 38721	NW 1/4 SW 1/4, Sec 7 T 11 N R 5 W			
City State Zip code	NM 18			
Telephone No	2 Miles West of Holly Bluff (Nearest Town)			
Well / Bo	orehole Data			
Date drilling started: 05/16/2014 Date drilling completed:	05/16/2014 Hole depth: 127' Hole diameter: 24"			
	Surface Water			
Method of dosing and volume of Chlorine used in drilling and dev	velopment: 50 PPM			
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gan	nma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotec	chnical/Geological Investigation			
☐ Seismic Survey ☐	Other (describe)			
•	nstruction, skip the remainder of this block			
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐	Public Supply ⊠ Irrigation □ Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 14' feet [above or below] land surface Date measured: 05/20/2014 (check one)				
Method of Measurement (check one) ☑ Steel tape ☐ Electric ta	pe Air line Other: (describe)			
Well depth: 127 Well grouted to a depth of: 10 fee	et Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix			
Casing length: 87 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	From 88' feet to 127' feet			
Type of completion (check all applicable): ⊠ Gravel packed 🔲 U	Inderreamed Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing: Feet				
If telescoped or more than one screen, describe on next page				

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

	For Office Use Only:		Only:
County: Sharkey		Well#: H37	
014/ 47704			
Permit #: GW-4//61			
The sketch below only required for water wells	Description of formations enco	untered must be provided for	all wells
If well telescopes, show depths on sketch.	and boreholes, unless specificat	lly exempted by regulations	
ij weu tetescopes, snow aepus on sketch.	Description of Formations En	countered From (depth)	To (depth)
Ground level	Clay	Ground level	
	Fine Sand	50	58
	Fine Sand & Gravel	59	65
	Medium Sand & Grave	66	127
	7/8-1-		
			_
			_
			1
If more than one screen, show location of each on sketch			
i more than one serect, show location of each on sketch			
Sketch the property layout and include the following:			
1) the well location 2) any permanent structures on the property that may	aid in location the well		
3) any roads, power lines, or other items that may aid		well	
4) a north arrow	5		
		<u>,</u> 1	
			·
			f + 1 ⁻⁷
Eurina Blantina Ca			
Landowner Name: Ewing Planting Co.			
			SWR-1A (04/08)
I HEREBY CERTIFY that the well/borehole was drilled, cor	structed, and completed in acco	ordance with all applicable	, ,
requirements of the Mississippi Department of Environmen if applicable, and state laws.	tal Quality and the Mississippi D	repartment of Health regulat	ions,
Patrick Chism 0695	06/07/2014		
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	

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

County: Sharkey Permit #: GW-4776() Driller: Irrigation Equipment Date drilling completed: 05/16/2014 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

P.O. Box 2309 ackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For Office Use Only:		
Well#:	H37	
Aquifer:		

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Ewing Planting Co. Latitude: 32 48' 24.6 N Longitude: 90 45' 18.6 W Mailing Address: P.O. Box 305 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS **Anguilla** Ms 38721 NW 1/2 SW 1/4, Sec. 7 T 11 N R 5 W State City Zip code Telephone No. **Holly Bluff** (Distance) (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 05/20/2014 Rated Pump Capacity: 2500+/- Gallons Per Minute Is This Pump (check one):

New □ Repaired □ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 _____ Setting Depth: **70** feet Number of Stages: 1 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Hours Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: Feet GPM with a drawdown of ______ feet after _____ hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

05/16/2014

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)

Farm manifelation Parma On & Minte 044 040 0400 ParmaOn &Dialegas

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

Patrick Chism