County:	Sunflower Coshoma
Permit #:	GW-46101 /
]	Irrigation Equipment
Date drilli	ing completed: 07/28/2012

State Well Report Part 1 – Driller's Log

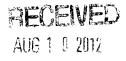
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

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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 completion of drilling of the well or borehole.

<i>D</i>	epariment at the above	uuuress wunin 50 uuys	of completion of untiling of the well of borenote.
(<i>Lando</i> v	Information on Well O <i>oner if borehole is not fo</i>		Well or Borehole Location
Owner Name	Sunflower County Far	ms	Latitude: 33 ° 58 ' 53 " Longitude: 90 ° 37 ' 08 "
Mailing Address:	P.O. Box 832		Method of Lat/Long (check one): Conventional Survey,
		· · · · · · · · · · · · · · · · · · ·	☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
	Hernando	Ms 38632	
	City	State Zip code	Distance Direction Nearest Town
Telephone No.	() -	***************************************	8 Miles West of Rome
		Well / Bo	orehole Data
Date drilling starte	ed: 07/28/2012 Date	drilling completed: 07/2	28/2012 Hole depth: 117 Hole diameter: 24"
	urce of any surface water us		
Logs run (check al		•	Ray Density Sonic Neutron Other:
Purpose of borehol	le (check one): Water	Well Geotechnical	/Geological Investigation Ground Source Heat Pump
	Seismi		
	If drilling is not	related to water well co	nstruction, skip the remainder of this block
Purpose of Well (c	heck one)	Industrial Public Sup	pply ☑ Irrigation ☐ Fish Culture ☑ Other: Repl GW-04607
If flowing, method	of flow regulation: Valve	Other (de	scribe)
Static Water Level	: feet above or	below (check one) 🔲 lar	nd surface Date measured:
Method of Measur	ement (check one)	l tape	□ air line □ other:
Well depth: 117	Well grouted to a de	epth of 10 feet	Type of grout (check one): Neat Cement Bentonite Mix
Casing length:	77 feet Casi	ing diameter: 16	inches Type of casing: PVC
Screen length:	feet Scre	en diameter: 16	inches Type of screen: PVC
Screen slot size:	.050 inches	Setting depth: From	78 feet to 117 feet
Type of completion	n (check all applicable):	Gravel packed 🔲 U	Inderreamed Telescoped Open hole Natural Development
	Ī	Other (describe): Ci	rcle S Irrigation will set pump
Top of lap pipe or	reduction in casing:	feet. <i>Ij</i>	telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)



	_	_			
If well	telescopes.	show	denths	on sketch.	

Description of form	<u>ations encountered</u>	<u>l must be pro</u>	<u>vided for all</u>
wells and boreholes.	unless specificall	v exempted b	y regulations

Ground level	Description of Formations Encountered From (depth) To (depth)
	Clay Ground	d level 15
	Brown Sand 16	35
	Fine Sand 36	45
İ	Medium Sand 46	55
	Course Sand 56	75
	Course Sand & Gravel 76	117
If more than one screen, show location	f each on sketch	
. 1 . 4	de the following: 1) the well location; 2) any permanent structures on the proper	4414

	orth arrow.	Toads, power files, or our	i items that may aid in locating t	ne property and the wen,
Landowner Name:	Sunflower County F	arms		
				Form: OLWR-SWR-1A (04/08)
Mississippi Department	renole was drilled, constr of Environmental Qualit	ucted, and completed in acco y and the Mississippi Depart	ordance with all applicable require ment of Hearth regulations, if appl	ments of the icable, and state
laws. Patrick Chism 069		08/03/2012		FECEIVED
Print Name of Responsible Lice		Date	Signature of Licensee	416 1 0 2012
				A102 0 2012

STATE WELL REPORT

County: Sunflawer Permit #: GW. 46101 Driller: IRREGATEUN EQUERATE Date drilling completed: 7-28-12 Copy information from block on Part 1

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
(601) 961-5210
(601) 961-5228 (fax)

	For Office Use Only:	
Aquifer:		
Well #:	A80	
Elevation:		

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 Owner Name: SUNFLOWER COUNTY MANS Latitude: 33° 58, 53.6" Longitude: 90° 37, 8.5" Mailing Address: P.O. BOX 832 ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS NE 1/4 NW 1/4 Sec 4 T ZYN R YW Distance Direction Nearest Town Telephone No. (667) 820 - 2205 Miles NE of SHELBY Pump Type Power Type Check one Check one ☐ Air Lift ☐ Jet Diesel Engine ☐ Submersible Gasoline Engine Natural Gas Bucket Turbine Piston Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well ☐ Windmill Other (specify): Horse Power Rating of Motor: 60 Other (specify): Date Pump Installed: 8-16-12 Rated Pump Capacity _____ Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Check one Date Well Tested: Air Line ☐ Electric Measuring Line ☐ Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: ______ Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: _____ Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after _____ hours of pumping New Well This is for (check one): Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable)

SEP 2 2012

