

County: Sunflower
 Permit #: GW 45234 ✓
 Driller: Irrigation Equipment
 Date drilling completed: 11-7-11

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)

For Office Use Only:
 Aquifer: K148
 Well #: _____
 L. S. Elevation: _____
 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 completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Parker Brothers</u>	Latitude: <u>33° 32' 36.5"</u> Longitude: <u>90° 35' 05.3"</u>
Mailing Address: <u>P.O. Box 277</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sunflower</u> <u>Ms.</u> <u>38778</u> City State Zip Code	<u>NW</u> <u>NW</u> Sec <u>35</u> Twn <u>20N</u> Rng <u>4W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>W</u> of Nearest Town <u>Sunflower</u>

Well / Borehole Data

Date drilling started: 11-7-11 Date drilling completed: 11-7-11 Hole depth: 122 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ☒ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation ☒ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 11-8-11

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 122 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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 (04/08)

CBB- 5/2/12

County: Sunflower
 Permit #: GW 45234
Irrigation Equipment
 Driller: _____
 Date completed: 11-7-11
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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: K148

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		Well Location	
Owner Name: <u>Parker Brothers</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>P.O. Box 277</u>		Method of Lat/Long (check one): Conventional Survey _____	
		USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
<u>Sunflower</u> <u>Ms.</u> <u>38778</u>		<u>14W</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>35</u> T <u>20N</u> R <u>4W</u>	
City State Zip Code		Distance <u>2</u> Miles Direction <u>W</u> of <u>Sunflower</u>	
Telephone No. () _____		Nearest Town _____	

Pump Type		Power Type	
Circle one		Circle one	
Air Lift	Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Electric Motor</u>	Hand _____
Centrifugal	Turbine	Windmill	Tractor PTO
	Rotary	Other (specify): _____	
Other (specify): _____	Flowing Well	Horse Power Rating of Motor: <u>15</u>	
Date Pump Installed: <u>11-8-11</u>		Setting Depth: <u>70</u> feet	
Rated Pump Capacity: <u>750 ±</u> Gallons Per Minute		Number of Stages: <u>1</u>	

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): _____ Feet Below Land Surface		Other (specify): _____	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate: _____ Gallons Per Minute			
Duration of Pump Test (minimum 4 hours): _____ hours			

This is for (circle one): ☐ New Well ☐ Replacement of Existing Pump ☐ Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)