0	STATE WELL REPORT	For Office Use Only:
County: Sunflower	Part 1	Well#: <u>K156</u>
Permit #: GW-46797 <i>J</i>	Driller's Log Mississippi Department of Environmental Quali	Aquifer:
Driller: Irrigation Equipment	Office of Land and Water Resources	E-Log #:
Date drilling completed: 08/16/2013	P.O. Box 2309 Jackson, MS 39225-2309	
	(601) 961-5210	
~	(601) 360-0535 (fax)	
	be prepared by the license holder responsible within 30 days of completion of drilling of the	
Well Owner Information		Borehole Location
(Landowner if borehole is not f	,	
Owner Name: Parker Brothers	Latitude: 33 32' 23.3 N	Longitude: 90 35' 21.5 W
Mailing Address: P.O. Box 277	Method of Lat/Long (check	k one): 🔲 Conventional Survey,
		held GPS, 🗌 Survey-grade GPS
Sunflower Ms		14, Sec <u>4</u> T <u>20 Ň</u> R <u>4 W</u>
City Sta		ි4 West _{of} Sunflower
Telephone No. () -		irection) of <u>Suntlower</u> (Nearest Town)
	Well / Borehole Data	
Logs run (check all applicable): 🛛 No lo	g run 🗌 Electric 🗌 Gamma Ray 🗌 Density 🛄 Sonio	
Logs run (check all applicable): 🛛 No lo Name of organization running log(s): Purpose of borehole (check one): 🖾 W	g run 🗌 Electric 🗍 Gamma Ray 🗌 Density 🗍 Sonio	
Name of organization running log(s): Purpose of borehole (check one): X V	g run Electric Gamma Ray Density Sonic	on Ground Source Heat Pump
Logs run (check all applicable): 🛛 No lo Name of organization running log(s): Purpose of borehole (check one): 🖾 W <i>If drilling is not rel</i> Purpose of Well <i>(check all applicable)</i> : [g run 🗌 Electric 🗋 Gamma Ray 🗌 Density 🗌 Sonio Vater Well 🔄 Geotechnical/Geological Investigatio Seismic Survey 📄 Other (<i>describe</i>)	on Ground Source Heat Pump
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Logs run (check all applicable):	g run 🗌 Electric 🗌 Gamma Ray 🗌 Density 🗌 Sonio Vater Well 🔹 Geotechnical/Geological Investigatio Seismic Survey 🔹 Other (<i>describe</i>) <i>lated to water well construction, skip the rema</i>	on Ground Source Heat Pump inder of this block Fish Culture
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Logs run (check all applicable): Name of organization running log(s): Purpose of borehole (check one): Note: If drilling is not rel If a flowing well (check all applicable): If a flowing well, method of flow regulatio Static Water Level: 44' Method of Measurement (check one) Nell depth: 124 Vell grouted to a Casing length: 84 feet Screen length: 40 feet Screen slot size: 050 function (check all applicable)	g run Electric Geotechnical/Geological Investigation Vater Well Geotechnical/Geological Investigation Seismic Survey Other (describe) Lated to water well construction, skip the remain Home Industrial Public Supply Irrigation m: Valve Other (describe) m: Valve Other (describe) feet [] above or below] land surface Date m (check one) Steel tape Electric tape Air line Other: (describe) Casing diameter: 16 inches Type nches Setting depth: From	on ☐ Ground Source Heat Pump inder of this block Fish Culture heasured: 08/19/2013 cribe) : ☐ Neat Cement ⊠ Beatonite € Mix e of casing: PVC e of screen: PVC feet to 124 feet
Logs run (check all applicable): Name of organization running log(s): Purpose of borehole (check one): Nume of organization running log(s): If drilling is not religed for the second	g run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonid Vater Well ☐ Geotechnical/Geological Investigation Seismic Survey ☐ Other (<i>describe</i>) <i>lated to water well construction, skip the remain</i> Home ☐ Industrial ☐ Public Supply ⊠ Irrigation ☐ on: Valve Other (describe) feet [] above or ⊠ below] land surface Date m (<i>check one</i>) Steel tape ☐ Electric tape ☐ Air line ☐ Other: (<i>desc</i> depth of: 10 feet Type of grout (<i>check one</i>) Casing diameter: 16 inches Type Screen diameter: 16 inches Type nches Setting depth: From <u>85</u> : ⊠ Gravel packed ☐ Underreamed ☐ Open hole [on ☐ Ground Source Heat Pump inder of this block Fish Culture heasured: 08/19/2013 cribe) : ☐ Neat Cement ⊠ Beatonite € Mix e of casing: PVC e of screen: PVC feet to 124 feet

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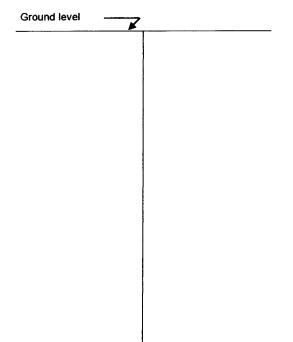
Form: OLWR-SWR-1A (4/13) Depi of Environmental Quality

	For Office Use Only:
Well #:	K156

The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Sunflower
Permit #: GW-46797



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	23
Fine Sand	24	49
Fine Sand & Gravel	50	55
Medium Sand & Gravel	56	122
Clay	123	124
	1	1
		1
		1
		f
		+
		+
		-

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

Sketch the property layout and include the following

3) any roads, power lines, or other items that may aid in locating the property and the well 4) a north arrow Landowner Name: Parker Brothers I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. Patrick Chism 0695 08/26/2013 Date Signature of Licensee Form: OLWR-SWR-1A (4/13)	1) the well locat 2) any permane	nt structures on the property th	at may aid in locating the well	
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. Patrick Chism 0695 Print Name of Responsible Licensee and License No. Date			hay aid in locating the property	y and the well
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Form: OLWR-SWR-1A (04/08) Form: OLWR-SWR-1A (04/08) Form: OLWR-SWR-1A (04/08) equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws. Patrick Chism 0695 08/26/2013 Print Name of Responsible Licensee and License No. Date Signature of Licensee				
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equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, fapplicable, and state laws. Patrick Chism 0695 08/26/2013 Print Name of Responsible Licensee and License No. Date Signature of Licensee			<u> </u>	Form: OLWR-SWR-1A (04/08)
Patrick Chism 0695 08/26/2013 Office Signature of Licensee	equirements of the N	lississippi Department of Envir	ed, constructed, and complex onmental Quality and the Miss	ssippi Department of Health regulations,
			08/26/2013	
	Print Name of Respo	nsible Licensee and License N	o. Date	

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	STATE WE	LL REPOR	Т [ffice Use Only:
County: Sunflower	P	art 2		Well #:	K156
Permit #: GW-46797	Pump Installer's	Completion Re	eport		
Driller: Irrigation Equipment	Mississippi Departmen	t of Environmental and Water Resources		Aquifer:	
Date drilling completed: 08/16/2013	P.O. I	Box 2309	_		
Copy information from block on Part 1		IS 39225-2309 961-5210	L		
·····		0-0535 (fax)			
This part of the report must be complete	d hv a licensed water well o	contractor or a licens	sed pump	i nstaller . A c	copy of Part 1
of the report must be attached and both	parts filed with the Departs	ment at the above add	dress with	in 30 days o	f well completion.
Well Owner Informa	tion		Well	Location	
Owner Name: Parker Brothers		Latitude: 33 32' 23	3.3 N	_ Longitude	90 35' 21.5 W
Mailing Address: P.O. Box 277			(sheely on		nuentional Cumunu
Mailing Address: F.O. Box 211		Method of Lat/Long ((cneck on	е): ЦСо	nventional Survey,
		🗌 USGS quad, 🛛 H	Hand-held	I GPS, 🔲 S	urvey-grade GPS
Sunflower Ms	38778	NE	% NE %	Sec <u></u> # T <u>20 I</u>	
City Stat		SE /	· · · · · · · · · · · · · · · · · · ·	<u>34</u>	<u>.</u> <u></u>
Telephone No. () -		<u>3</u> Miles		tof	
		(Distance)	(Directi	ion)	(Nearest Town)
	Pump Type ((check one)			
🗖 Submamible 🕅 Turbing 🗖 Air Lift 🗖 /	Centrifugal 🔲 Flowing Well	☐ Jet □ Piston □	Rotary	Other (desc	cribe):
	• •		•	•	·
	Rat	ted Pump Canacity			
Date Pump Installed 08/19/2013	Rat	ted Pump Capacity:			
Date Pump Installed 08/19/2013	paired Replacement Power Type	(check one)			
Date Pump Installed 08/19/2013 Is This Pump (check one): New C Re	paired Replacement Power Type (ral Gas Tractor PTO	(check one) Windmill 🗌 Other (c	describe):		
Date Pump Installed 08/19/2013 Is This Pump (check one): New Re Electric Diesel Gasoline Natu	paired Replacement Power Type (ral Gas Tractor PTO	(check one) Windmill 🗌 Other (c	describe):		
Date Pump Installed 08/19/2013 Is This Pump (check one): New Re Electric Diesel Gasoline Natu	paired Replacement Power Type (ral Gas Tractor PTO	(check one) Windmill 🗌 Other (c 0	describe):		
Date Pump Installed 08/19/2013 Is This Pump (check one): New Rev Electric Diesel Gasoline Natu Horse Power Rating of Motor: 60	Paired Replacement Power Type (ral Gas Tractor PTO Setting Depth: 8 Pump Test Data for	(check one) Windmill 🗌 Other (c 0	describe): _ feet Nu	mber of Sta	ges: <u>2</u>
Date Pump Installed 08/19/2013 Is This Pump (check one): New Is Electric Diesel Is Electric Electric	Paired Peplacement Power Type (ral Gas Tractor PTO Setting Depth: 8 Pump Test Data for	(check one) Windmill [] Other (c 0 Non Flowing Well Duration of Pump Te	describe): _ feet Nu est (minima	mber of Sta	ges: 2 : Hours
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