	STATE WELL REPORT	For Office Use Only:
County: Sunflower	Part 1	Well #:
Permit #: GW-49559	Driller's Log Mississippi Department of Environmental Q	uality
Driller: Irrigation Equipment, Inc.	Office of Land and Water Resources	E-Log #:
Date drilling completed: 09-22-16	P.O. Box 2309 Jackson, MS 39225-2309	
	└ (601) 961-5210 (601) 360-0535 (fax)	
	be prepared by the license holder responsil ithin 30 days of completion of drilling of t	
Well Owner Informa (Landowner if borehole is not fo	tion Wel	I or Borehole Location
Owner Name: Mallory Chism	Latitude: <u>33 33' 22</u>	.2" Longitude: 90 36' 12.6"
Mailing Address: P.O. Box 708	Method of Lat/Long (ch	heck one): 🔲 Conventional Survey,
	🛄 USGS quad, 🖾 Ha	nd-held GPS, 🗌 Survey-grade GPS
Indianola MS City State	38751 <u>№</u> ½ <u>№</u> ½	<u>NW</u> ¼, Sec <u>27</u> T <u>20N</u> R <u>4W</u>
Telephone No	Miles	West of Sunflower
· · · · · · · · · · · · · · · · · · ·	Well / Borehole Data	
Date drilling started: 09-22-16 D	ate drilling completed: 09-22-16 Hole dept	h: 125' Hole diameter: 24"
.ocation of the source of any surface wat	ter used for drilling: Surface Water	
Method of dosing and volume of Chlorine	used in drilling and development: 50 PPM	
	g run 🗋 Electric 🗌 Gamma Ray 🗌 Density 🛄 S	Sonic 🗌 Neutron 🗍 Other:
Logs run (check all applicable): 🛛 No log	g run 🔲 Electric 🗌 Gamma Ray 🗌 Density 🛄 S	
Logs run (check all applicable):	ater Well	
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🕅 W 🗌 S	later Well	gation Ground Source Heat Pump
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗆 S <i>If drilling is not rela</i>	later Well	gation
Logs run (check all applicable): X No log Name of organization running log(s): Purpose of borehole (check one): X W S <i>If drilling is not rela</i> Purpose of Well (<i>check all applicable</i>):	Indext Well Geotechnical/Geological Investig Seismic Survey Other (describe) Inded to water well construction, skip the real Home Industrial Public Supply Irrigation	gation
Logs run (check all applicable): X No log Name of organization running log(s): Purpose of borehole (check one): X W S <i>If drilling is not rela</i> Purpose of Well (<i>check all applicable</i>): Other (<i>describe</i>):	later Well	gation Ground Source Heat Pump mainder of this block
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Logs run (check all applicable):	l'ater Well ☐ Geotechnical/Geological Investig Geismic Survey ☐ Other (<i>describe</i>) Inted to water well construction, skip the red Home ☐ Industrial ☐ Public Supply ⊠ Irrigation n: Valve Other (describe) eet [☐ above or ⊠ below] land surface Da (check one)	gation Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump mainder of this block The Ground Source Heat Pump The Ground Source Heat
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Logs run (check all applicable): I No log Name of organization running log(s): Purpose of borehole (check one): I W I f drilling is not relation Purpose of Well (check all applicable): I I Other (describe): I Other (describe): f a flowing well, method of flow regulation Static Water Level: Method of Measurement (check one) I Kell depth: 125' Well grouted to a Casing length: 85 feet Screen length: 40 feet Screen slot size: .050 in	later Well □ Geotechnical/Geological Investig seismic Survey □ Other (describe) ated to water well construction, skip the register ated to water well construction, skip the register Home Industrial Public Supply Irrigation n: Valve Other (describe)	gation ☐ Ground Source Heat Pump mainder of this block n ☐ Fish Culture te measured: (describe) cone): ☐ Neat Cement ⊠ Bentonite ☐ Mix Type of casing: PVC Type of screen: PVC feet to 125 feet DECCEN/E

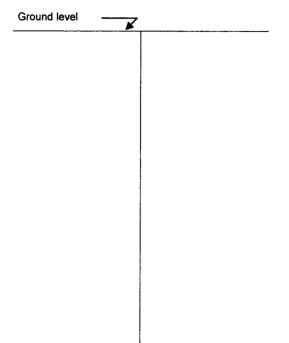
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	For Office Use Only:
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Sunflower Permit #: GW-49559



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

From (depth)	To (depth)
Ground level	19
20	55
56	62
63	125
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	Ground level 20 56

If more than one screen, 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	y aid in locating the	well		
 any roads, power lines, or other items that may aid a north arrow 	I in locating the prop	perty and the wo	eil	
Landowner Name:				
		••••••••••••••••••••••••••••••••••••••	Form	n: OLWR-SWR-1A (04/08)
I HEREBY CERTIFY that the well/borehole was drilled, con	nstructed, and com	pleted in accord	lance with all app	licable
requirements of the Mississippi Department of Environmer	tal Quality and the	Mississippi Dep	artment of Healtl	h regulations,
if applicable, and state laws.		\boldsymbol{X}	\sim	-
0695	10-17-16	\«		
Print Name of Responsible Licensee and License No.	Date		Signature of Lic	
			Form: O	

OCT 2 4 2016

BY OLWR

Permit #: GW-49559 Driller: Irrigation Equipment, Inc. Date drilling completed: 09-22-16 Copy information from block on Part 1 P.O. Box 2309 Jackson, MS 39225-2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax) 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: Mallory Chism	Permit #: GW-49559 Driller: Irrigation Equipment, Inc. Date drilling completed: 09-22-16 Copy information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 Copy information from block on Part 1 G(01) 961-5210 (601) 961-5210 (601) 360-0535 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of the report must be attached and both parts filed with the Department at the above address within 30 days of we Well Owner Information Owner Name: Mallory Chism Mailing Address: P.O. Box 708 Indianola MS 38751 City State Zip code	ll completion. 90 36' 12.6"	
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□ Submersible [2] Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe):	elephone wo. <u> </u>		
2 Submersible 🖾 Turbine 🗌 Air Lift 🔤 Centrifugal 🔤 Flowing Well 🔄 Jett 🔤 Piston 🔹 Rotary 🔄 Other (describe):	Pump Type (check one)		
Date Pump Installed		·):	
s This Pump (check one): ⊠ New ☐ Repaired ☐ Replacement Power Type (check one) ☐ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): ☐ torse Power Rating of Motor:Setting Depth: 80feet Number of Stages: 2 Pump Test Data for Non Flowing Well Date Well Tested:Duration of Pump Test (minimum 4 hours):Hours Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Gallons Per Minute Wethod of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe):Gallons Per Minute Wethod of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Pump Test Data for Flowing Well Weasured shut in head:Feet Nell yielded GPM with a drawdown offeet after hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: fotalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): nstallation Date: Meter installed by: s This Meter (check one): ☐ New ☐ 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 06955 Print Name of Pump Installer and License No. (if applicable) Date			
Belectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: 80 feet Number of Stages: 2 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Hours 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 Attended of measurement (check one): Steel tape Electric tape Air line Other (describe):	s This Pump (check one): X New C Repaired Replacement		
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Pump Test Data for Non Flowing Well Date Well Tested:			
Date Well Tested:	Prover Rating of Motor: Setting Depth: 80 feet Number of Stages	· <u> </u>	
Static Water Level (A):	Pump Test Data for Non Flowing Well		
Drawdown [(B) - (A)]:	Date Well Tested: Duration of Pump Test (minimum 4 hours):	Hours	
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head:	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet I	Below Land Surface	
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Vell yielded GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: Meter Installation Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: s This Meter (check one): Net 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 10-17-16 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer CE			
Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Otalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Important: Meter installed by: Installation Date: Meter installed by: Set 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 10-17-16 Of95 10-17-16 Print Name of Pump Installer and License No. (if applicable) Date	leasured shut in head: Feet		
Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: For alizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Important: Installation Date: Meter installed by: Is This Meter (check one): New I Repaired I 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 10-17-16 Print Name of Pump Installer and License No. (if applicable) Date	Vell yielded GPM with a drawdown of feet after hours	s of pumping	
Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Type of Meter: Installation Date: Meter installed by: 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 10-17-16 Print Name of Pump Installer and License No. (if applicable) Date	Matas Installation		
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