	State W	ell Report	
County: Sunflower	Part 1 - D	riller's Log	For Office Use Only:
Permit#: <u>GW-44728</u> √	Mississippi Departmen	t of Environmental Quality	Aquifer: N/60
Irrigation Equipment		nd Water Resources Box 2309	Well #:
		, MS 39225	
Date drilling completed: 5-1/-1/		61- 5210 5229 (food)	L. S. Elevation:
#1		- 5228 (fax)	E-log #:
State Law requires that this report	be prepared by the lice	ense holder responsible for t	the work and filed with the
Department at the above address Information on Well O	runin su aays of comp	letion of drilling of the well	or borehole.
(Landowner if borehole is not fo	r a water well)	Well or Bo	rehole Location
Owner Name Watson + Wa		Latitude: 33 · 29 · 23.6	2" Longitude: 90 · 33 · 49.6
Mailing Address: P.O. Box 13		Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Madison Ms City State	. 39/10		Twn 19N Rng 4W
	Zip Code	Distance Direction	of Sun Flower
Telephone No. ()			
	Well / Bore	hole Data	
Date drilling started: 5-11-11 Date dri	ling completed: 5-//-	// Hole depth: 127	Hole diameter: 24"
Location of the source of any surface water		urface Water	
Method of dosing and volume of Chlorine	used in drilling and devel	opment: 50 PPM	
Logs run (circle all applicable): No log run Name of organization running log(s):		.•	Other:
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Ground	1 Source Heat Pump
Seismic S	SurveyOther (describe	,	
If drilling is not related	to water well construction	n. skip the remainder of this bi	ock
Purpose of Well (check one): Home In	dustrial Public Supply	IrrigationFish Culture	Other:
If a flowing well, method of flow regulation			
Static Water Level:feet ab	ove or below (circle one) l	and surface Date measured:	5-17-11
Method of Measurement (circle one)			
Well depth: 127 Well grouted to a dep	oth of 10 feet Type	of grout (circle one): Neat Cen	nent Bentonite Mix
Casing length: 87 feet Casin	g diameter:	inches Type of casing:	PVC
Screen length: 40 feet Screen	en diameter:/6	inches Type of screen:	PUC
Screen slot size:	Setting depth: From _	88 feet to	127 feet
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. <i>If te</i>	escoped or more than one scre	en, describe on next page

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



If well	telesco	pes. si	how depths	on sketch.

If well telescopes, show	depths on sketch.
Ground Level	

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)
Clau	Ground Level	14
Finel Sand	15	54
Medium Sand	55	77
Course Sand,	78	80
Medium Sand	81	127
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well loc aid in locating the well; 3) any roads, power lines, or c 4) a north arrow.	cation; 2) any permanent structures on the property that may other items that may aid in locating the property and the well;
	,
•	
•	
v · · ·	
Landowner Name: Watson + Watson	Form: OLWR-SWR-1A (04/08)
	10mi, OD WK-1A (0400)

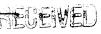
I certify that the well/borehole was drilled, constructed, and completed in acc	oujda	nce with all applicable requirements of the
Mississippi Department of Environmental Quality and the Mississippi Depart	men	of Health regulations, if applicable, and state
la-ma	JV	

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee





County: Sunflower
Permit#: <u>G-W-44728</u> Irrigation Equipment Driller:
Date completed: 5-11-11
Copy information from block on Part 1
This part of the report must be completed report must be attached and both parts fi
Well Owner Informs
Owner Name: Watson + h

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

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

For Office Use Only:		
Aquifer:		
Well #:	N160	
Elevation:		

(601)961-5210 (601)961-5228 (fax) d by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the iled with the Department at the above address within 30 days of well completion. Well Location latson Farms Latitude: Longitude: Mailing Address: P. D. Box 1550 Method of Lat/Long (check one): Conventional Survey , USGS quad____, Hand-held GPS ___, Survey-grade GPS NE 1/2 NW 1/2 Sec 24 T 19N R 4W Telephone No. (**Pump Type Power Type** Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine **Natural Gas** Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Flowing Well Rotary Windmill Other (specify): Other (specify): __ Horse Power Rating of Motor: Date Pump Installed: 5-17-1/ Setting Depth: Rated Pump Capacity: Number of Stages: **Pump Test Data** Method of Measuring Water Level Date Well Tested: Circle one 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: Gallons Per Minute Well yielded GPM with a drawdown of Test Pumping Rate: feet after hours of pumping Duration of Pump Test (minimum 4 hours): hours New Well This is for (circle one): 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

MAY 2 3 **201**9

Form: OLWR-SWR-1C (07

Signature of Pump Installer

BY: MIME