

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: N190
Aquifer: _____
E-Log #: _____

County: Sunflower Co.
Permit #: GW 49693 ✓
Driller: _____
Date drilling completed: 11-2-16

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>JARON IDC</u>	Latitude: <u>33 27 20</u> Longitude: <u>90 36 33</u>
Mailing Address: <u>38 Bayou Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>INDIANOLA</u> MS <u>38751</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> <u>NE 1/4 NE 1/4, Sec 33 T 19 N R 04 W</u>
Telephone No. (662) <u>887-5941</u>	<u>3</u> Miles <u>E</u> of <u>Indianola, MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11-2-16</u> Date drilling completed: <u>11-2-16</u> Hole depth: <u>117</u> Hole diameter: <u>10</u>
Location of the source of any surface water used for drilling: <u>Irrigation well</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: <u>N/A</u>
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) <u>N/A</u>
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____
Static Water Level: <u>41</u> feet [above or below] land surface Date measured: <u>11-4-16</u> (circle one)
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>117</u> Well grouted to a depth of: <u>5</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix
Casing length: <u>77</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.32</u> inches Setting depth: From <u>0</u> feet to <u>117</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): <u>N/A</u>
Top of tap pipe or reduction in casing: <u>N/A</u> feet

If telescoped or more than one screen, describe on next page

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STATE

STATE OF CALIFORNIA
COUNTY OF []

NOTARY PUBLIC

My Commission Expires

STATE OF CALIFORNIA
COUNTY OF []

STATE OF CALIFORNIA
COUNTY OF []

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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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Suflower CO
 Permit #: GW 49693
 Driller: _____
 Date completed: 11-8-16
Copy information from block on Part 1

For Office Use Only:
 Well #: N190
 Aquifer: _____

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>Jaron Inc</u>		Latitude:	<u>33 27 20</u>
Mailing Address:	<u>38 BAYOU ROAD</u>		Longitude:	<u>90 36 33</u>
			Method of Lat/Long (check one):	Conventional Survey _____
			USGS quad _____,	Hand-held GPS <input checked="" type="checkbox"/> _____,
			Survey-grade GPS _____	
<u>INDIANOLA</u>	<u>MS</u>	<u>38751</u>	<u>NE SE</u>	<u>NE 1/4, Sec 33 T 19N R 04W</u>
City	State	Zip Code	<u>3</u>	<u>E</u> of <u>INDIANOLA, MS</u>
Telephone No. (<u>662</u>) <u>887-5941</u>			(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 11-8-16 Rated Pump Capacity: 500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): N/A

Horse Power Rating of Motor: 10 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: N/A Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 41 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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

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): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

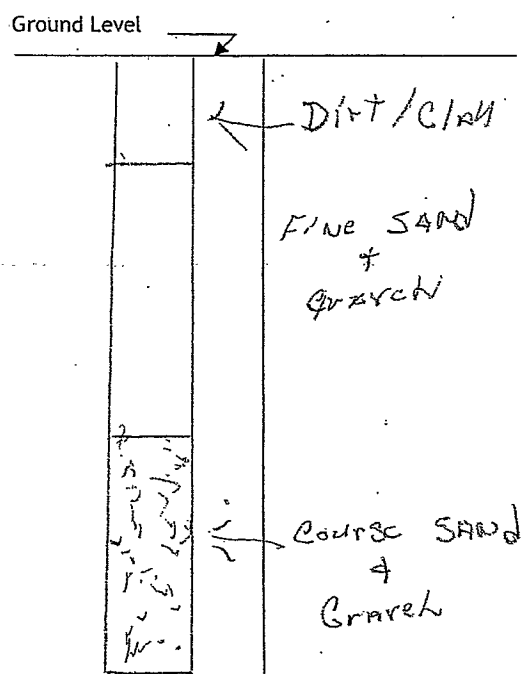
Robert Byars 0-543 11-8-16 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Sunflower
 Permit #: _____

For Office Use Only:
 Well #: N190

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
Dirt/Clay	Ground level	15
Fine Sand	16	25
Course Sand	26	35
Course Sand (Gravel)	36	45
Course Sand	46	55
Course Sand	56	65
Course Sand	66	75
Course Sand / Gravel	76	85
Course Sand / Gravel	86	95
LL	96	105
LL	106	115
LL	116	125

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

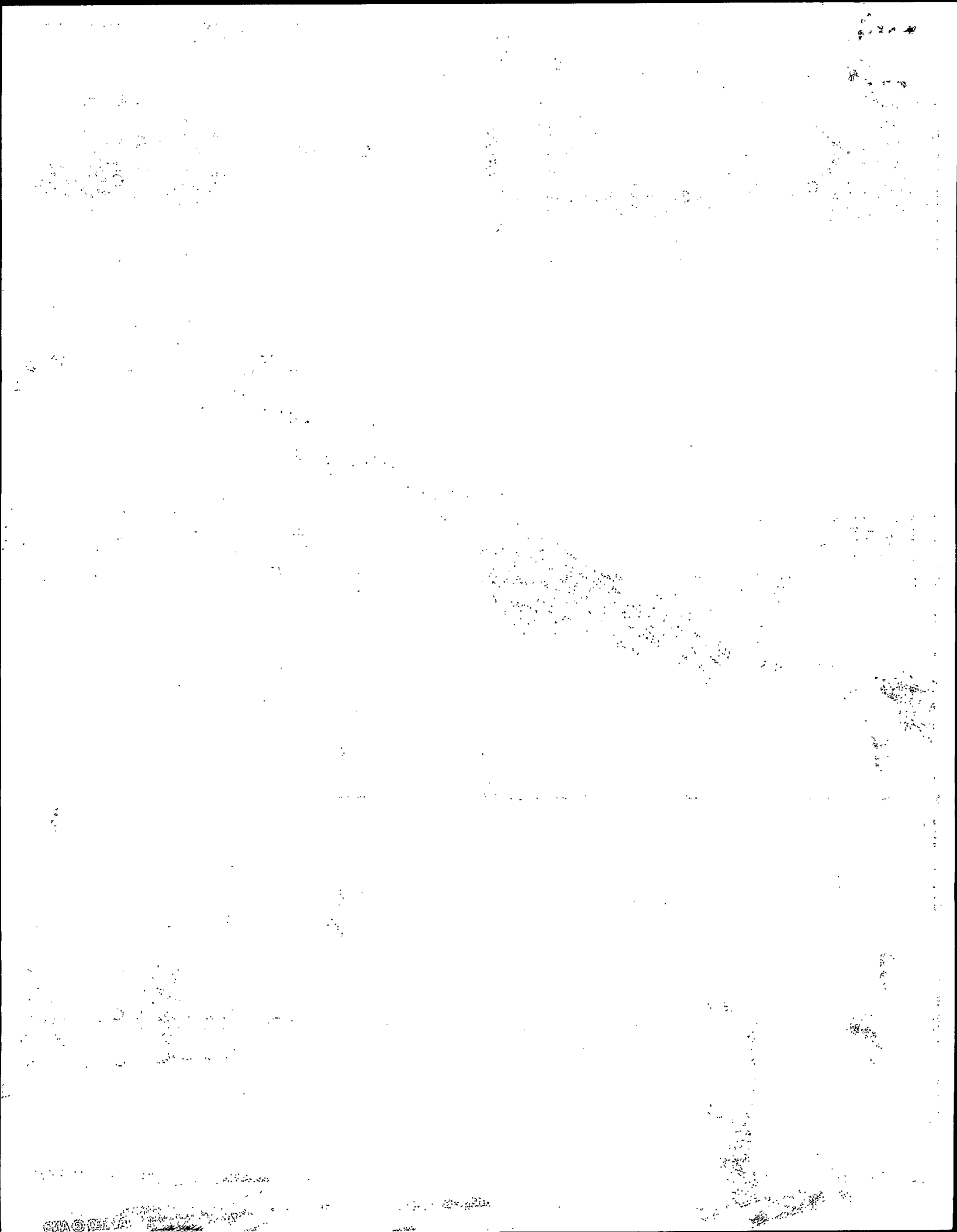
- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow

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Landowner Name: _____

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.

Robert Byars 0-543 11-2-16 Robert Byars
 Print Name of Responsible Licensee and License No. Date Signature of Licensee



CGW-36409

CSW-03984

CGW-36136

CSW-03983

Alford Rd

CGW-07964

CGW-08058

CGW-47257

CGW-36137

CGW-47882

CGW-36410
OLWR

CGW-48610

CGW-02155

CGW-09148

CGW-09147

CGW-41799

CGW-13616

82

CGW-08838

GW-49693
CGW-03370

SW-02324

Bayou Dr

CGW-44665

CGW-42880

CGW-41480

CGW-37590

CGW-44664

CGW-07390

CSW-03996

CGW-46196

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CGW-45586

CGW-47412

Rollack Rd

