County:	Sunflower	
1	GW-47877	7
l .	Irrigation Ed	
·	ing completed:	01/22/2014

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)

合	34 p	word
1	For	Office Use Only:
	Well #:	P172
ality	Aquifer:	
	E-Log#:	
	ł	

State I am requires that this report he prepared by the license holder responsible for the work and filed with the

State Law requires that this report be prepared by the d Department at the above address within 30 days of con	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: T & Q Farms	Latitude: 33 26' 40.4 N Longitude: 90 44' 49.1 W
Mailing Address: 114 Holly Ridge Road	Method of Lat/Long (check one): ☐ Conventional Survey,
ividinity Address. The Hony Hadge House	
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Indianola Ms 38751 City State Zip code	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>6</u> T <u>18 N</u> R <u>5 W</u>
Telephone No. () -	4 Miles West of Indianola (Distance) (Direction) (Nearest Town)
Well / Bo	orehole Data
Date drilling started: 01/22/2014 Date drilling completed:	01/22/2014 Hole depth: 124 Hole diameter: 24"
	
	Surface Water
Method of dosing and volume of Chlorine used in drilling and de-	evelopment: 50 PPM
Logs run (check all applicable): $igtimes$ No log run $igcap$ Electric $igcap$ Gar	mma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): ☑ Water Well ☐ Geotec	chnical/Geological Investigation
	Other (describe)
•	onstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐	Public Supply imgation in Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 38' feet [☐ above or ☒ bel (check one)	low] land surface Date measured: 01/22/2014
Method of Measurement (check one) $oximes$ Steel tape $oximes$ Electric ta	ape Air line Other: (describe)
Well depth: 124 Well grouted to a depth of: 10 fe	eet Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 84 feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: .050 inches Setting depth	h: From <u>85</u> feet to <u>124</u> feet
Type of completion (check all applicable): $igtimes$ Gravel packed $igsqcup$	Underreamed ☐ Open hole ☐ Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than a	one screen, describe on next page

Form: OLWR-SWR-1A (4/13)

			Fo	For Office Use Only:	
County: Sunflower			Well#:	P172	
Permit #: GW-47877					
1 Sinity					
The sketch below only required f	for water wells	Description of formations end			l wells
If well telescopes, show depths o	n sketch.	and boreholes, unless specific	ally exempted	by regulations	
		Description of Formations E	ncountered	From (depth)	To (depth)
Ground level		Clay		Ground level	31
		Fine Sand		32	38
		Fine Sand & Gravel		39	58
		Medium Sand & Grav	/el	59	124
			· · · · · · · · · · · · · · · · · · ·		
					-
				-	
If more than one screen, show	v location of each on sketch				
Sketch the property layout 1) the well location 2) any permanent str 3) any roads, power I 4) a north arrow	uctures on the property that ma	ay aid in locating the well id in locating the property and th	ne well		
				. No.	North Control of the
				န ်သန့်ရှိနှ	
	2 O Farma			PAY.	
	& Q Farms				SWR-1A (04/08)
requirements of the Missis if applicable, and state law	ssippi Department of Environme s.	onstructed, and completed in ac ental Quality and the Mississippi	ccordance wit Department	h all applicable	, ,
Patrick Chism	0695	02/19/2014			
Print Name of Responsible	le Licensee and License No.	Date	Signatu	re of Licensee	

Signature of Licensee Form: OLWR-SWR-1A (4/13)

County:	Sunflower
Permit #:	GW-47877
Driller:	Irrigation Equipment
Dote drilli	ing completed: 01/22/2014

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

For	Office Use Only:	
Well #:	P172	
Aquifer:		

Copy information from block on Part 1

(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 Well Location** Latitude: 33 26' 40.4 N Longitude: 90 44' 49.1 W Owner Name: T & Q Farms Mailing Address: 114 Holly Ridge Road Method of Lat/Long (check one):

Conventional Survey, ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS Indianola Ms 38751 NE 1/4 NE 1/4, Sec 6 T 18 N R 5 W State City Zip code Indianola West Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 01/22/2014 Rated Pump Capacity: 2500+/- Gallons Per Minute Is This Pump (check one):

New □ Repaired □ Replacement Power Type (check one) ☑ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 **Pump Test Data for Non Flowing Well** Date Well Tested: Duration of Pump Test (minimum 4 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 Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: ___ Feet GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: None installed 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 (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. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. **Patrick Chism** 0695

02/19/2014

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)

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