Com#	I STATE W	'ELL REPOR'	L i	ru vi	fice Use C	Jilly.
County: Sunflower		Part 1	We	ı#: <u>(</u>	203	
Permit #: GW-49030		ller's Log		ifer:		
Driller: Irrigation Equipment Inc.	Mississippi Departm	ent of Environmental and Water Resource	Quality E-L	og #:		
Date drilling completed: 08/19/2015	P.C). Box 2309	•	·		
		MS 39225-2309 I) 961-5210				
		360-0535 (fax)				
State Law requires that this report l						th the
Department at the above address w						
Well Owner Informa (Landowner if borehole is not fo		N N	lell or Boreh	Die Loca	lion	
Owner Name: James & Patricia Olive	r	Latitude: 33 23' 24	B.8 N Le	ongitude:	90 38' 43 .1	W
				-		
Mailing Address: 3187 Robertson Gir	Road	Method of Lat/Long	(check one):		ventional Sui	rvey,
		🔲 USGS quad, 🖾 I	Hand-held GP	S, 🗌 Su	rvey-grade G	PS
Hernando Ms	38632	SE 1/	• <u>SE</u> 1⁄4, Sec <u>1</u>	9 T 18 N	R 4W	
City State			. <u></u> ,,	<u> </u>	<u></u>	
Telephone No. () -		<u>3</u> Miles	South	of	Indiano	
		(Distance)	(Direction)		(Nearest Tow	vn)
	Well / Bo	rehole Data				
Date drilling started: 08/19/2015 D	ate drilling completed:	08/19/2015 Hole de	oth 138'	Hole	diameter	24"
			Part			
Location of the source of any surface wat	er used for drilling:	urface Water				
Method of dosing and volume of Chlorine	used in drilling and dev	elopment: 50 PPN	4			
C C	3					
Logs run (check all applicable): 🛛 No log	run 🗌 Electric 🗌 Gam	ma Ray 🗌 Density 🗌	Sonic 🗌 Ne	utron 🔲 (Other:	
				utron 🔲 (Other:	
Name of organization running log(s):						
Name of organization running log(s):						
Name of organization running log(s): Purpose of borehole (check one): 🛛 W	ater Well Geotech					
Name of organization running log(s): Purpose of borehole (check one): 🛛 W 🗌 S	ater Well 🔲 Geotech eismic Survey 🔲 (nical/Geological Inves Other (des<i>crib</i>e)	tigation	Ground	Source Heat	
Name of organization running log(s):	ater Well 🔲 Geotech eismic Survey 🔲 (nical/Geological Inves Other (des<i>crib</i>e)	tigation	Ground	Source Heat	
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Form: OLWR-SWR-1A (4/13)

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County: Sunflow	er	Weil #:	For Office Use $Q^{20}3$	Only:
Permit #: GW-4				
The sketch below only If well telescopes, sho	required for water wells w depths on sketch.	Description of formations encountered n and boreholes, unless specifically exemp	must be provided for a pited by regulations	ll wells
Ground level		Description of Formations Encountered	ed From (depth)	To (de
Ground level		Clay	Ground level	31
		Fine Sand	32	42
		Fine Sand & Gravel	43	53
		Medium Sand & Gravel	54	138
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			·······	
				ļ
If more than one scr	een, show location of each o	retch		
1) the well loo 2) any perma	nent structures on the pro	wing: ty that may aid in locating the well hat may aid in locating the property and the well		

Landowner Name: James & Patricia Oliver

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		/		Form: OLWR-SWR-1A (04/08)
	ne well/borehole was drilled, c			
requirements of the Mississ	ippi Department of Environme	ental Quality and the	Vississippi Department o	of Health regulations,
if applicable, and state laws	j.			-
Patrick Chism	0695	08/19/2015	Vac	
Print Name of Responsible	Licensee and License No.	Date	V Signatu	re of Licensee

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

Permit # GW-49030 Driller: Irrigation Equipment Inc. Differ: Irrigation Equipment Inc. Date stilling completed: 08/19/2015 Capy information from block on Part1 Differ of Land and Water Resources Date stilling completed: 08/19/2015 Capy information from block on Part1 Differ of Land and Water Resources Date stilling completed: 08/19/2015 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department of the above dates within 36 days of well completed in the above dates within 36 days of well complet			STATE V	WELL REPORT	For Office Use On $(\bigcirc 2 \land 2)$
Miles: Irrigation Equipment Inc. Date drilling completed: 08/19/2015 Date drilling completed: 09/19/2015 Date drilling completed: 09/16 ergont must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed vater well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed pump installer. A copy of Part of the above address within 30 days of well completed by a licensed pump installer. A copy of Part of the above file with ite dabove date well contrend and by the depart bev			- D		Well #: Q203
Date drilling completed: 04/04/97 Date drilling completed: 04/04/97 Date drilling completed: 04/19/2015 Department 11/10/2016 Well Cover Information Well Cover Information Well Cover Information Well Cover Information Owner Name: James & Patricia Oliver Latitude: 33 23/28.8 N			Mississippi Depart	ment of Environmental Quality	
Date diffing completed:	Driller: Irrigatio		Office of Lan	d and Water Resources	Aquifer:
(B01) 360-053 (Fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete comport must be attached and both parts filed with the Department at the above address within 30 dops of well complete			- Jackso	n, MS 39225-2309	
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of the report must be attached and both parts filed with the Department at the above address within 39 days of well compting well control of the second s	This part of the	ranart must be comple	•	, , , ,	n installer A copy of Part 1
Owner Name: James & Patricia Oliver Mailing Address: 3187 Robertson Gin Road		st be attached and bot	th parts filed with the Dep	partment at the above address with	hin 30 days of well completion
Mailing Address: 3187 Robertson Gin Road Method of Lat/Long (check one): Conventional S Hernando Ms 38632 SE % SE %, Sec 19 T 18 N R 4W City State Zip code SE % SE %, Sec 19 T 18 N R 4W Telephone No.		Well Owner Inform	nation	We	II Location
Image: Chry interpret to the set of multiplier Factor (AF x. 001, gal x 1000, etc.): USGS quad, [A Hand-held GPS, [] Survey-grade State Zip code City installation State Zip code State Zip code 3 Miles South of indiar City installed Indiar Chraction of indiar Pump Type (check one) South of indiar Indiar Date Pump Installed 08/20/2015 Rated Pump Capacity: 2500+/- Gallons F Is This Pump (check one): New Repaired Replacement Power Type (check one) Electric Disations of indiar Electric Disation of Notor: 75 Setting Depth: 80' feet Number of Stages: 1 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours):	Owner Name: J	ames & Patricia Oli	ver	Latitude: 33 23' 28.8 N	Longitude: 90 38' 43.1 V
Hernando Ms 38632 City State Zip code Telephone No.	Mailing Address:	3187 Robertson G	Sin Road	Method of Lat/Long (check o	ne): 🔲 Conventional Surve
City State Zip code 3 Miles South of Indian Telephone No.				🔲 USGS quad, 🖾 Hand-he	ld GPS, 🔲 Survey-grade GP3
Telephone No.	Hernando			<u>SE</u> ¼ <u>SE</u> ¼,	Sec <u>19</u> T <u>18 N</u> R <u>4 W</u>
(Distance) (Direction) (Nearest 7 Pump Type (check one) Submersible Ø Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	·	St	ate Zip code		-al
□ Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): □ Date Pump Installed 08/20/2015 □ Rated Pump Capacity: 2500+/- □ Gallons F □ Sthis Pump (check one): ○ New □ Repaired □ Replacement ■ Power Type (check one): ○ Rated Pump Capacity: 2500 How □ Repaired □ Replacement ■ Power Type (check one): ○ ⊠ Electric □ Diesel □ Gasoline □ Natural Gas □ Tractor PTO □ Windmill □ Other (describe): Horse Power Rating of Motor: 75 Setting Depth: 80' Bate Well Tested: □ □ Duration of 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 Pump Test Data for Flowing Well Date define □ Other (describe): □ Pump Test Data for Flowing Well Wetwork ((B) - (A)): □ Pump Test Data for Flowing Well Measured shut in head: □ □ Pump Test Data for Flowing Well Measured shut in head: □ □ Well yielded □ GPM with a drawdown of □ Weter Installation Meter Installation Meter Manufacturer: Meter Manufacturer: Meter Manufacturer: Meter Model Number/Name: □ Totalizer Register	Telephone No.	() -			
□ Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): □ Date Pump Installed 08/20/2015 □ Rated Pump Capacity: 2500+/- □ Gallons F □ Sthis Pump (check one): ○ New □ Repaired □ Replacement ■ Power Type (check one): ○ Rated Pump Capacity: 2500 How □ Repaired □ Replacement ■ Power Type (check one): ○ ⊠ Electric □ Diesel □ Gasoline □ Natural Gas □ Tractor PTO □ Windmill □ Other (describe): Horse Power Rating of Motor: 75 Setting Depth: 80' Bate Well Tested: □ □ Duration of 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 Pump Test Data for Flowing Well Date define □ Other (describe): □ Pump Test Data for Flowing Well Wetwork ((B) - (A)): □ Pump Test Data for Flowing Well Measured shut in head: □ □ Pump Test Data for Flowing Well Measured shut in head: □ □ Well yielded □ GPM with a drawdown of □ Weter Installation Meter Installation Meter Manufacturer: Meter Manufacturer: Meter Manufacturer: Meter Model Number/Name: □ Totalizer Register					·····
Pump Test Data for Flowing Well Measured shut in head: Feet Mell yielded GPM with a drawdown of feet after hours of pum Meter Installation Meter Manufacturer: Meter Installation Meter Model Number/Name: Type of Meter:			itural Gas	r pe (check one) D 🗌 Windmill 🔲 Other (<i>describe</i> , : feet N	
Well yielded GPM with a drawdown offeet afterhours of pum Meter Installation Meter Manufacturer: Meter Serial Number:	Horse Power Rati Date Well Tested: Static Water Leve Drawdown [(B) - (A	ng of Motor: <u>75</u>	Itural Gas Tractor PTC Setting Depth Pump Test Data Feet Below Land Surface Feet Below Land Surface	The (check one) The (check one) The (describe, Solution of Pump Test (mining For Non Flowing Well Duration of Pump Test (mining For Pumping Water Level (B): Face Test Pumping Rate:	number of Stages: num 4 hours): Feet Below Land S Gallons Per
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s This Meter (check one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer stand 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.	Horse Power Rati Date Well Tested: Static Water Leve Drawdown [(B) - (Method of measur Measured shut in Well yielded Meter Manufacture Meter Model Num	ng of Motor: (A): A)]: rement <i>(check one):</i> [head: head: er: ber/Name:	tural Gas 🗌 Tractor PTC Setting Depth Pump Test Data Feet Below Land Surface Feet Below Land Surface Steel tape 🗌 Electric t Pump Test Da Feet h a drawdown of Meter	Impe (check one) Impe (check one)	lumber of Stages: 1 num 4 hours): Feet Below Land 3 Gallons Per e): hours of pumping
Important: By submitting the above information you are certifying that this meter was installed to manufacturer stand For agricultural wells, a list of approved meters is on the MDEQ website.	Horse Power Rati Date Well Tested: Static Water Leve Drawdown [(B) - (Method of measur Measured shut in Well yielded Meter Manufacture Meter Model Num	ng of Motor: (A): A)]: rement <i>(check one):</i> [head: head: er: ber/Name:	tural Gas 🗌 Tractor PTC Setting Depth Pump Test Data Feet Below Land Surface Feet Below Land Surface Steel tape 🗌 Electric t Pump Test Da Feet h a drawdown of Meter	Impe (check one) Impe (check one)	lumber of Stages: 1 num 4 hours): Feet Below Land 3 Gallons Per e): hours of pumping
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.	Horse Power Rati Date Well Tested: Static Water Leve Drawdown [(B) - (Method of measur Measured shut in Well yielded Meter Manufacture Meter Model Num	ng of Motor: 75 [(A): [A)]: rement <i>(check one):</i> [head: dead: fer: Der/Name: Unit and Multiplier Fa	tural Gas 🗌 Tractor PTC Setting Depth Pump Test Data Feet Below Land Surface Feet Below Land Surface Steel tape 🗌 Electric t Pump Test Da Feet h a drawdown of Meter	Impe (check one) Impe (check one)	number of Stages: num 4 hours): Feet Below Land 3 Gallons Per e): hours of pumping
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Patrick Chiem 0605 00/04/0045	Horse Power Rati	ng of Motor: 1 (A): [A)]: rement (check one): [head: head: er: GPM witt er: ber/Name: Unit and Multiplier Fa ck one): [] New [] Fill By submitting the above	tural Gas 🗆 Tractor PTC Setting Depth Pump Test Data Feet Below Land Surface Feet Below Land Surface Steel tape 🗆 Electric t Pump Test Da Electric t Pump Test Da Meter Meter Actor (AF x .001, gal x 10 Meter installed by: Repaired 🗌 Replacement re information you are ce	rpe (check one) D Windmill D Other (describe, 80' for Non Flowing Well Duration of Pump Test (mining e Pumping Water Level (B): face Test Pumping Rate: ape Air line Other (describe) ita for Flowing Well feet after feet after for Flowing Well	lumber of Stages: num 4 hours): Feet Below Land 3 Gallons Per e): hours of pumping hours of pumping
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Form: OLWR-SWR-1B (4/13)

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