Permit #:       GW-46114 /         Driller:       Irrigation Equipment         Driller:       Irrigation Equipment         Date drilling completed:       05/19/2012         Jates drilling completion of drilling completion of drilling of the work of the work of the above address within 30 days of completion of drilling of the well or borehole         James Morris       Latitude:       34 ° 01 ' 41 " Longitude         Mailing Address:       P.O. Box 614       Method of Lat/Long (check one):       Convertion	<u>90</u> ° <u>23</u> ′ ntional Survey, Survey-grade G <u>25N√</u> Rng <u>2W</u> Town
Permit #:       GW-46114 /	and filed with the ble. on <u>90</u> ° 23 ′ ntional Survey, Survey-grade G 25N√ Rng 2W Town
Driller:       Irrigation Equipment Date drilling completed:       05/19/2012       L.3. Elevation: P.O. Box 2009 Jackson, MS 39225 (601) 961-5218 (fax)         State Law requires that this report be prepared by the license holder responsible for the work in Department at the above address within 30 days of completion of drilling of the well or borehol Information on Well Owner (Landowner if borehole is not for a water well)       Well or Borehole Locat         Owner Name       James Morris       Latitude:       34 ° 01 ' 41 " Longitude         Mailing Address:       P.O. Box 614       Method of Lat/Long (check one):       Conve         Webb       Ms       38966 City       NE ' NE '/s Sec 21 ' Twn         Distance       Direction       Neares         Telephone No.	and filed with the ble. on 90 ° 23 ′ ntional Survey, Survey-grade G 25N√ Rng 2₩ Town
Date drilling completed:       05/19/2012       Jackson, MS 39225 (601) 961-5220 (ax)         State Law requires that this repert be prepared by the license holder responsible for the work of Department at the above address within 30 days of completion of drilling of the well or borehole Locat         Information on Well Owner (Landowner if borehole is not for a water well)         Owner Name       James Morris         Mailing Address:       P.O. Box 614	and filed with the ble. on 90 ° 23 ' ntional Survey, Survey-grade G 25N√ Rng 2W Town
(601) 961-5210         (601) 961-5228 (fax)         State Law requires that this report be prepared by the license holder responsible for the work of Department at the above address within 30 days of completion of drilling of the well or borehole Locat         Information on Well Owner       Well or Borehole Locat         (Landowner if borehole is not for a water well)       Well or Borehole Locat         Owner Name       James Morris         Mailing Address:       P.O. Box 614         Mailing Address:       P.O. Box 614         Method of Lat/Long (check one):       Conver         Webb       Ms         City       State         State       Zip code         Date drilling started:       05/19/2012         Date drilling started:       05/19/2012         Date drilling:       Surface Water         Method of dosing and volume of Chlorine used in drilling:       Surface Water         Method of dosing and volume of Chlorine used in drilling:       Surface Water         Method of oganization running log(s):       Purpose of borehole (check one):       Mater Well         Purpose of borehole (check one):       Water Well       Geotechnical/Geological Investigation       Ground Source Hell         Sissinic Survey       Other (describe)       If drilling is not related to water well construction, skip the remainder of this b	and filed with the ble. on 90 ° 23 ′ ntional Survey, Survey-grade G 25N√ Rng 2W Town
State Law requires that this report be prepared by the license holder responsible for the work is Department at the above address within 30 days of completion of drilling of the well or borehole is not for a water well)         Mell or Borehole is not for a water well)         Owner Name       James Morris         Mailing Address:       P.O. Box 614         Webb       Ms       38966         Webb       Ms       38966         City       State       Zip code         Telephone No.       (	<u>90</u> ° <u>23</u> ′ ntional Survey, Survey-grade G <u>25N√</u> Rng <u>2W</u> Town
Department at the above address within 30 days of completion of drilling of the well or borehole         Information on Well Owner (Landowner if borehole is not for a water well)       Well or Borehole Locat         Owner Name       James Morris       Latitude: 34 ° 01 ' 41 " Longitude         Mailing Address:       P.O. Box 614       Method of Lat/Long (check one):       □ Convol         Webb       Ms       38966       NE ¼ NE ¼ Sec 21 Twn         Otigst quad       ☑ Hand-held GPS,         Webb       Ms       38966         City       State       Zip code         Telephone No.       (_)       -	201e. ion 90 ° 23 ' ntional Survey, □ Survey-grade G 25N √ Rng 2W Town
Information on Well Owner (Landowner if borehole is not for a water well)       Well or Borehole Locat         Owner Name       James Morris       Latitude:34 °_01 '_41 " Longitude         Mailing Address:       P.O. Box 614       Method of Lat/Long (check one): □ Converting Convertee Converting Converting Converting Converting C	ion <u>90</u> ° <u>23</u> ′ ntional Survey, ☐ Survey-grade G <u>25N ∕</u> Rng <u>2W</u> Town
(Landowner if borehole is not for a water well)         Owner Name       James Morris         Mailing Address:       P.O. Box 614	90 ° 23 ′ ntional Survey, □ Survey-grade G 25N√ Rng 2₩ Town
Mailing Address:       P.O. Box 614       Method of Lat/Long (check one):       □ Conversion	ntional Survey, Survey-grade G 25N / Rng 2W Town
Image: State stat	Survey-grade G 25N Rng 2W Town
Webb       Ms       38966         City       State       Zip code         Distance       Direction       Neares         Telephone No.	25N Rng 2W
City       State       Zip code       Distance       Direction       Neares         Telephone No.	Town
City       State       Zip code       Distance       Direction       Neares         Telephone No.	Town
Well / Borehole Data         Well / Borehole Data         Date drilling completed: 05/19/2012 Hole depth: 105 Hol         Location of the source of any surface water used for drilling: Surface Water         Method of dosing and volume of Chlorine used in drilling and development: 50 PPM         Logs run (check all applicable): Income Not Not Name of organization running log(s):         Purpose of borehole (check one): Income Water Well       Geotechnical/Geological Investigation         Income Seismic Survey       Other (describe)         If drilling is not related to water well construction, skip the remainder of this block         Purpose of Well (check one)       Home         Industrial       Public Supply       Irrigation	ler
Date drilling started:       05/19/2012       Date drilling completed:       05/19/2012       Hole depth:       105       Hol         Location of the source of any surface water used for drilling:       Surface Water       Method of dosing and volume of Chlorine used in drilling and development:       50 PPM       Image: Surface Water       Image: Surface Water <t< td=""><td></td></t<>	
Date drilling started:       05/19/2012       Date drilling completed:       05/19/2012       Hole depth:       105       Hol         Location of the source of any surface water used for drilling:       Surface Water       Method of dosing and volume of Chlorine used in drilling and development:       50 PPM       Image: Surface Water       Image: Surface Water <t< th=""><th></th></t<>	
If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one)  Home  Home  Other:	at Pump
Purpose of Well (check one) 🔲 Home 🔲 Industrial 🗌 Public Supply 🛛 Irrigation 🔲 Fish Culture 📋 Other:	
Static Water Level: <u>34</u> feet above or below (check one) □ land ⊠ surface Date measured: <u>05/22/2012</u>	
Method of Measurement (check one) 🖾 steel tape 🗋 electric tape 🔲 air line 📋 other:	
Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet Type of grout (check one): Neat Cement	
Casing length: <u>65</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC	
Screen slot size: <u>.050</u> inches Setting depth: From <u>66</u> feet to <u>105</u>	feet
Type of completion (check all applicable): 🛛 Gravel packed 🗌 Underreamed 🔲 Telescoped 🔲 Open hole [	
Other (describe):	-
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on n	-
	ext page
	<u>ext page</u> Drm: OLWR-SWR-1A ((
	ext page

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BY: OLWR <u>्</u>

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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

C114

JUL 6 6 2012

BY: OLWR

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Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	19
Fine Sand	20	38
Fine Sand & Gravel	39	61
Medium Sand & Gravel	62	105
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Anno an		i

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

aid in	ayout and include the foll locating the well; 3) any orth arrow.	owing: 1) the well location roads, power lines, or othe	n; 2) any permanent structures or items that may aid in locating	on the property that may the property and the well;
Landowner Name:	James Morris			
I certify that the well/bo Mississippi Department laws.	rehole was drilled, constru of Environmental Quality	icted, and completed in acco and the Mississippi Departi	rdance with all applicable requir nent of Health regulations, if app	Form: OLWR-SWR-1A (04/08) rements of the licable, and state
Patrick Chism 069: Print Name of Responsible Lic		06/19/2012	Id	
I HIN I VALUE UI RESPONSIDIE LIC	CHISCE AND LITCHISC 110.		Signature of Licensee	RECEIVED

STATE	WELL	REPORT
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County:	Tallahatchie
Permit #:	GW-46114
Driller:	Irrigation Equipment
Date drill	ing completed: 05/19/2012
	formation from block on Part 1

## 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 (601) 961-5210 (601) 961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:	C114	
Elevation:		

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.

Owner Name:       James Morris         Mailing Address:       P.O. Box 614	Well Owner Information	Well Location
	Owner Name: James Morris	Latitude: 34 01' 41 N Longitude: 90 23' 54 W
City       State       Zip code         Distance       Direction       Nearest Town         Telephone No.	Mailing Address: P.O. Box 614	
Check one       Check one         Air Lift       Jet       Submersible       Diesel Engine       Gasoline Engine       Natural Gas         Bucket       Piston       Turbine       Electric Motor       Hand       Tractor PTO         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):          Other (specify):        Horse Power Rating of Motor:       60	City State Zip code	Distance Direction Nearest Town
Check one       Check one         Air Lift       Jet       Submersible       Diesel Engine       Gasoline Engine       Natural Gas         Bucket       Piston       Turbine       Electric Motor       Hand       Tractor PTO         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):          Other (specify):        Horse Power Rating of Motor:       60	Pump Type	Power Type
Bucket       Piston       Turbine       Electric Motor       Hand       Tractor PTO         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):		
Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):         Other (specify):       Horse Power Rating of Motor:       60	Air Lift 🗍 Jet 🗌 Submersible	Diesel Engine Gasoline Engine Natural Gas
Other (specify):	Bucket 🗌 Piston 🖾 Turbine	Electric Motor Hand Tractor PTO
Other (specify): Horse Power Rating of Motor:60	Centrifugal Rotary Flowing Well	Windmill   Other (specify):
	Other (specify):	
Date Pump Installed: 05/22/2012 Setting Depth: 70 feet	Date Pump Installed: 05/22/2012	Setting Depth: feet
Rated Pump Capacity       2300+/-       Gallons Per Minute       Number of Stages:       2	Rated Pump Capacity 2300+/- Gallons Per Minute	Number of Stages: 2
Pump Test Data     Method of Measuring Water Level       Check one	Pump Test Data	
Date Well Tested: Air Line Electric Measuring Line Steel Tape	Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Feet Below Land Surface Other (specify):	Static Water Level (A): Feet Below Land Surface	Other (specify):
Pumping Water Level (B): Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface	
Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet	Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head: feet
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown o	Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumpin	Duration of Pump Test (minimum 4 hours): hours	feet after hours of pumping
This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge Patrick Chism 0695		
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		Signature of Pump Installer
Form: OLVIPS SWR-1C (2)		

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