County:	Tallahatchie	
	GW-49071	
	Irrigation Eq	
	ing completed:	

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 #:	K124_
Aquifer:	
E-Log #:	

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 con	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Hardy Farms	Latitude: 33 55' 25.8" Longitude: 90 09' 07.2"
Mailing Address: Box 96	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Tippo MS 38962	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>25</u> T <u>24N</u> R <u>1E</u>
City State Zip code	Fort Three
Telephone No	Miles East of Tippo (Nearest Town)
Well / R	orehole Data
Date drilling started: 10-7-2015 Date drilling completed:	10-7-2015 Hole depth: 94 Hole diameter: 24
Location of the source of any surface water used for drilling:	Surface Water
Method of dosing and volume of Chlorine used in drilling and de	velopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gai	mma Ray 🗌 Density 🔲 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geoter	chnical/Geological Investigation
☐ Seismic Survey	Other (describe)
	onstruction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐	Public Supply ☑ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 14 feet [☐ above or ☒ bel (check one)	ow] land surface Date measured: 10-8-2015
Method of Measurement (check one) \boxtimes Steel tape \square Electric ta	ape Air line Other: (describe)
Well depth: 94 Well grouted to a depth of: 10 fee	et Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 54 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	From <u>55</u> feet to <u>94</u> feet
Type of completion (check all applicable): \boxtimes Gravel packed \square l	Jnderreamed ☐ Open hole ☐ Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	Marie Control
If telescoped or more than o	ne screen, describe on next page

Farms massisted by Farms On & Dist. 044 040 0400 Farms On & Dist. cam

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

		Γ	For Office Use	Onless
			Well#: K 124	Omy.
County: Tallahatchie		i	Well#:	·
Permit #: GW-49071		L		
		Description of formations encou		ll malle
The sketch below only required	for water wells	and boreholes, unless specificall	nterea must be provided for a ly exempted by regulations	u weus
If well telescopes, show depths of	on sketch.		·	T . / do 16.5
Ground level ———		Description of Formations Enc	ountered From (depth) Ground level	To (depth) 15
<u> </u>	T	Clay Fine Sand	16	23
		Fine Sand & Gravel	24	52
		Med. Sand & Gravel	53	91
			92	94
		Clay	32	34
				-
				-
				↓
]			
				ļ
If more than one screen, sho	w location of each on sketch			
			Name -	
the well location any permanent sti	t and include the following:	nay aid in locating the well aid in locating the property and the	u a l	
4) a north arrow	lines, or other items that may a	aid in locating the property and the	WCII	
4) a north arrow				
			17	Maria de
Landowner Name:				
				SWR-1A (04/08
I HEREBY CERTIFY that	the well/borehole was drilled,	constructed, and completed in acco	ordance with all applicable	
		nental Quality and the Mississippi D	epartment of Health regulat	ions,
if applicable, and state law 0695	NS.	11-24-2015	0	
VU30		11-27-2010		

Print Name of Responsible Licensee and License No.

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

County:	Tallahatchie	
Permit #:	GW-49271	
Driller:	Irrigation Eq	uipment Inc.
Date drill	ing completed:	10-7-2015

Copy information from block on Part 1

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

P.O. Box 2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For Office Use Only:	
Well#:	K124
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 Location** Well Owner Information Latitude: 33 55' 25.8" ___ Longitude: 90 09' 07.2" Owner Name: Hardy Farms Mailing Address: Box 96 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS MS 38962 NW 1/4 NW 1/4, Sec 25 T 24N R 1E Tippo State Zip code City Tippo East Miles Telephone No. (Distance) Pump Type (check one) ☑ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Rated Pump Capacity: 1300+/- Gallons Per Minute Date Pump Installed 10-8-2015 Is This Pump (check one): ☑ New ☐ Repaired ☐ Replacement Power Type (check one) ☑ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): feet Number of Stages: Setting Depth: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Gallons Per Minute Feet Below Land Surface Test Pumping Rate: Drawdown [(B) - (A)]: ___ Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: _____ Feet feet after _____ hours of pumping GPM with a drawdown of Meter Installation Meter Serial Number: Meter Manufacturer: ___Type of Meter: _____ Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: ___ Installation Date: 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. 11-24-2015

> Signature of Pump Installer Form: OLWR-SWR-18 (4/13)

Forms manufald by Forms On A Diele 044 040 0400 Forms On A Diele son

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