County: Tallahatchie GW-46723 🗸 Permit #: Irrigation Equipment Date drilling completed: 07/15/2013

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 #:	<u>Q43</u>
Aquifer:	
E-Log #:	
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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 Well or Borehole Location (Landowner if borehole is not for a water well)

Owner Name: Byron J. Burns Latitude: 33 52' 40.0 N Longitude: 90 04' 42.7 W					
Mailing Address: 1190 Leverette Lane Method of Lat/Long (check one): Conventional Survey,					
USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS					
Cascilla Ms 38920 SW ½ NW ½, Sec 10 T 23 N R 2 E City State Zip code					
Telephone No. () - 8 Miles South of Charleston (Distance) (Direction) (Nearest Town)					
Well / Borehole Data					
Date drilling started: 07/15/2013 Date drilling completed: 07/15/2013 Hole depth: 75 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 development: 50 PPM					
Logs run (check all applicable): 🛛 No log run 🗌 Electric 🗎 Gamma Ray 🗍 Density 🗍 Sonic 🗍 Neutron 🗍 Other:					
Name of organization running log(s):					
Purpose of borehole (check one): 🛛 Water Well 🔲 Geotechnical/Geological Investigation 🔲 Ground Source Heat Pump					
☐ Seismic Survey ☐ Other (<i>describe</i>)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ Public Supply ☒ Irrigation ☐ Fish Culture					
☐ Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 30' feet [above or 🛭 below] land surface Date measured: 07/15/2013 (check one)					
Method of Measurement (check one) ☑ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe)					
Well depth: Well grouted to a depth of: feet Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix					
Casing length: 35 feet Casing diameter: 16 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC					
Screen slot size:032 inches Setting depth: From36 feet to75 feet					
Type of completion (check all applicable): ☑ Gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: Feet If telescoped or more than one screen, describe on next page.					

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

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) a north arrow Byron J. Burns **EREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all quirements of the Mississippi Department of Happilicable, and state laws. **EREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all quirements of the Mississippi Department of Environmental Quality and the Mayansippi Department of Happilicable, and state laws.	For Office Use Only:	
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	e of Licensee Form: OLWR-S\	

County: Tallahatchie Permit #: GW-46723 Driller: Irrigation Equipment Date drilling completed: 07/15/2013

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 (601) 961-5210

For	Office Use Only:
Well#:	G43
Aquifer:	

(601)	360-0535 (fax)
This part of the report must be completed by a licensed water we	ell contractor or a licensed pump installer. A copy of Part 1
of the report must be attached and both parts filed with the Depo	artment at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Byron J. Burns	Latitude: 33 52' 40.0 N Longitude: 90 04' 42.7 W
Mailing Address: 1190 Leverette Lane	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Cascilla Ms 38920	<u>SW ¼ NW</u> ¼, Sec <u>10</u> T <u>23 N</u> R <u>2 E</u>
City State Zip code	
Telephone No	Miles South Of Charleston (Direction) (Nearest Town)
Pump Typ	pe (check one)
☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing W Date Pump Installed 07/15/2013	Rated Pump Capacity: 1600+/- Gallons Per Minute
Is This Pump (check one): ⊠ New ☐ Repaired ☐ Replacement	
	pe (check one)
☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO	☐ Windmill ☐ Other (describe):
Horse Power Rating of Motor: 40 Setting Depth:	60 feet Number of Stages: 1
Pump Test Data f	for Non Flowing Well
Date Well Tested:	Duration of Pump Test (minimum 4 hours): Hours
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surfa	ace Test Pumping Rate: Gallons Per Minute
Method of measurement (check one): ☐ Steel tape ☐ Electric ta	ape Air line Other (describe):
Pump Test Dat	a for Flowing Well
Measured shut in head: Feet	
Mall violand CDM with a drougloup of	fool after
Well yielded GPM with a drawdown of	feet after nours of pumping
Meter k	nstallation
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 100)O, etc):
Is This Meter (check one): New Repaired Replacement	
Important: By submitting the above information you are cer	rtifying that this meter was installed to manufacturer standards.
	roved meters is on the MDEQ website.
I HEREBY CERTIFY that the above statements are true to the b	est of my knowledge
	RECEIVE
Patrick Chism 0695	08/21/2013
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer Form: OLWR-SWR-1B (4/13)
	FORM: OLVVK-5VVK-1B:(4/13)// 4/3