County: WASHINGTON
Permit #: 6W-46652
Driller: J. NEWCOME 0.773
mhalis
Date drilling completed: 20115

Well Owner Information

## 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 #:	G369		
Aquifer:			
E-Log #:			

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 332+ 10 Longitude: 091 00 44
Owner Name: GTTT FarmS	20 43 41
Mailing Address: 1844 Jacqueline Drive	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Greenville MS 38701	5 W 1/ SE 1/4, Sec 8 T 17N R 08W
City State Zip Code	3 Miles S.E. of GREENVILLE
Telephone No. ()	(Distance) (Direction) (Nearest Town)
	prehole Data
Date drilling started: 9:27:13 Date drilling completed:	8-27-13 Hole depth: 92 Hole diameter: 24"
Date dritting started. The rest bate dritting completed.	SE DICH
Location of the source of any surface water used for drillin	g: Ditci
Method of dosing and volume of Chlorine used in drilling ar	nd development: CHLORINE TABLE IS
Logs run (circle all applicable) He log run Electric Gamm	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (	describe)
If drilling is not related to water well co	onstruction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	Public Supply Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level:feet [above or below (circle one)	] land surface Date measured:
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
Well depth: 90 Well grouted to a depth of: 10 f	eet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length:feet Casing diameter:	
Screen length: 40 feet Screen diameter: _	inches Type of screen: P.V.C.
Screen slot size:inches	$\sim$
Type of completion (circle 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
	FOITH, OCHRESHIN (4775

County: Washington	17.	- OCC - TI	<u> </u>
Permit #: <u>GW4665</u> 2		r Office Use	
	Well #: _	6369	
The sketch below only required for water wells	Description of formations encountered	must he provid	ad for all wa
If well telescopes, show depths on sketch.	and boreholes, unless specifically exem	pted by regulat	ions
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
Ground zevet	TEP SOIL	Ground level	10 (depth)
<b>\</b>	CLAY	10	35
	CLAY SAND MIX	35	45
150.5	FAIR!	55	.55
	PAIR/MYNUM MEDIUM SHOW)	155	5
16" CADING	48 Dum copesé	70	75
	MEDIUM COMPSE ROCK SHELP	75	AS
	CLAR	eš	900
<b>.</b> .	Bottom	90	92
<del>-                                     </del>			
110			
11404			
16" seaso			······
16 Sean			<del></del>
+			<del></del>
1			
f more than one screen, show location of each on sketch			
3) any roads, power lines, or other items that may aid in lo 4) north arrow	g are property and the wett		
SEE	MAP		
downer Name:		with all applica	able
downer Name:		with all applica ent of Health re	able egulations,
EREBY CERTIFY that the well/borehole was drilled, con uirements of the Mississippi Department of Environment pplicable, and state laws.		with all applica	able egulations,
downer Name:  EREBY CERTIFY that the well/borehole was drilled, cor uirements of the Mississippi Department of Environment of pplicable, and state laws.		ent of Health re	ible igulations,

## STATE WELL REPORT

## Part 2

Permit #: 60 -4652

Driller: 5. Newco.mc 0.773

Date completed: 8/27/13

Copy information from block on Part 1

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
(601) 360-0535 (fax)

For Office Use Only:		
Well #: <u>6369</u>		
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 epartment at the above address within 30 days of well completion.  Well Location			
Well Owner Information				
_	Latitude: 33° 21 10' Longitude: 91 00' 444'			
Owner Name: 6747 Farms	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 1844 Jacqueline Drive	USGS quad, Hand-held GPS, Survey-grade GPS			
	USGS quad, Hand-netd GPS_/S, Survey stade of S			
City State Zip Code	5W 15E, 14, Sec 8 T 17N R 08W			
	(Distance) (Direction) (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
124 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Rated Pump Capacity:			
Date rump installed. Of the Peningers	ent			
is This Pump (circle one): Repaired Replaceme	ype (circle one)			
Electric Diesel Gasoline Natural Gas. Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 50 hg Setting Dep	oth: 70feet Number of Stages:			
	a 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				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land St	urface Test Pumping Rate:Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):			
Pump Test Data for Flowing Well				
Measured shut in head:feet. No +	05tec)			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Not	- Installation			
Meter	Meter Serial Number: 13-06997			
	Type of Meter: Propelle [			
MELE! MODE! Hallot !				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: 3/28/13 Meter installed by: Chicot Triisston				
Is This Meter (circle one): New Repaired Replace	ement			
Important: By submitting the above information you ar For agricultural wells, a list of	e certifying that this meter was installed to manufacturer standards. approved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are true to	o the best of my knowledge.			
I CONTROL OF THE PROPERTY OF T	D. While M. II I I I I			

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

4/14/14 Date

Signature of Pump Installer

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