County:	Washington	n
Permit #:	GW-45839	7
	Irrigation I	
		03/28/2012

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

For Office Use Only:		
Aquifer: Well #:	5/79	
L.S. Eleva	ation:	
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 completion of drilling of the well or borehole.

Conventional Survey-gr	56 ade GPS		
Mailing Address: P.O. Box 193 Method of Lat/Long (check one): ☐ Conventional Survey-gr ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-gr ☐ USGS quad, ☐ WHAND-held GPS, ☐ Survey-gr ☐ Sw 1/4 NW 1/4 Sec 31 ○ □ Twn 14N Rng ☐ Twn 14N Rng	56 , ade GPS		
USGS quad, ⊠ Hand-held GPS, □ Survey-gr Grace Ms 38745 City State Zip code □ USGS quad, ⊠ Hand-held GPS, □ Survey-gr SW 1/4 NW 1/4 Sec 31 ○ □ Twn 14N Rng	de GPS		
Grace Ms 38745 SW 1/4 NW 1/4 Sec 31 OF Twn 14N Rng City State Zip code			
City State Zip code	7W		
City State Zip code	/ vv		
Telephone No. () - Miles Southeast of Glen Allen			
Well / Borehole Data			
Date drilling started: 03/28/2012 Date drilling completed: 03/28/2012 Hole depth: 116 Hole diameter: 1	8''		
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			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one)			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: 19 feet above or below (check one) □ land ☑ surface Date measured: 03/31/2012			
Method of Measurement (check one) ⊠ steel tape ☐ electric tape ☐ air line ☐ other:			
Well depth: 116 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix			
Casing length: 76 feet Casing diameter: 10 inches Type of casing: PVC			
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC			
Screen slot size:050 inches Setting depth: From77 feet to116 feet			
Type of completion (check all applicable): 🛛 Gravel packed 🔲 Underreamed 🔲 Telescoped 🔲 Open hole 🔲 Natural Dev	elopment		
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 (04/08)

RECEIVED

APR 1 0 2012

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

Description of	<u>formations encountere</u>	<u>ed must be provided fo</u>	<u>r all</u>
wells and bore	holes, unless specifical	lly exempted by regula	tion:

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	4
Fine Sand	5	27
Fine Sand & Gravel	28	37
Medium Sand & Gravel	38	113
Clay	114	116
		<u> </u>
		

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

aid in	ayout and include the foliocating the well; 3) any orth arrow.	owing: 1) the well location roads, power lines, or other	n; 2) any permanent structures er items that may aid in locating	on the property that may the property and the well;
Landowner Name:	Jenkins Farms			
I certify that the well/ho	rahola was drillad constru		A 24 B B B A	Form: OLWR-SWR-1A (04/08)
Mississippi Department	of Environmental Quality	and the Mississippi Depart	ordance with all applicable requirement of Health regulations, if app	rements of the plicable, and state
	595	04/03/2012	Y.(1)	DEOE! /==
Print Name of Responsible Lice	ensee and License No.	Date	Signature of Licensee	HECEIVE

APR 1 0 2012

BY: OLWR

STATE WELL REPORT

Part 2 **Pump Installer's Completion Report**

County: Washington Permit #: **GW-45839** Mississippi Department of Environmental Quality Office of Land and Water Resources Driller: Irrigation Equipment P.O. Box 2309 Jackson, MS 39225 Date drilling completed: 03/28/2012 (601) 961-5210 Copy information from block on Part 1 (601) 961-5228 (fax)

For Office Use Only:			
Aquifer:			
Well #:	5179		
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	l with the Departmen	at the above address within 30 days of well completion.	
Well Owner Information		Well Location	
Owner Name: Jenkins Farms		Latitude: 33 01' 04 N Longitude: 90 57' 55 W	
Mailing Address: P.O. Box 193		Method of Lat/Long (check one): Conventional Survey,	
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS	
Grace M	s 38745	SW 1/4 NW 1/4 Sec 31 T 14N R 7W	
City	tate Zip code	Distance Direction Nearest Town	
Telephone No. () -			
reteptione No		Miles Southeast of Glen Allen	
Pump Type		Power Type	
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	
Date Pump Installed: 03/31/2012		Setting Depth: 70 feet	
Rated Pump Capacity 2500+/-	Gallons Per Minute	Number of Stages: 1	
Pump Test Data		Method of Measuring Water Level	
		Check one	
Date Well Tested:		☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape	
Static Water Level (A): Fee	t Below Land Surface	Other (specify):	
Pumping Water Level (B): Fee	t Below Land Surface		
Drawdown [(B) - (A)]: Fee	t Below Land Surface	For flowing well, measured shut in head: feet	
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 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 Print Name of Pump Inteller and Liones No. (if and links) RECEIVED			
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

Form: OLYMP SWR (1C407109)