	STATE WELL REPORT	For Office Use Only:
County: Washington	Part 1	Well#: 5,205
Permit #: GW-49526	Driller's Log	Aquifer:
Driller: Irrigation Equipment, Inc.	Mississippi Department of Environmental Qualit Office of Land and Water Resources	y E-Log #:
Date drilling completed: 7-18-16	P.O. Box 2309 Jackson, MS 39225-2309	
	(601) 961-5210	
State I aw requires that this report i	(601) 360-0535 (fax) be prepared by the license holder responsible f	for the work and filed with the
	vithin 30 days of completion of drilling of the v	vell or borehole.
Well Owner Informa (Landowner if borehole is not fo		Borehole Location
Ourses News CM Forme	·	Longitude: 90 55' 20.9"
Mailing Address: 384 Mahaitic Road		
		one): Conventional Survey,
	USGS quad, 🛛 Hand-h	eld GPS, 🔲 Survey-grade GPS
Rolling Fork MS		∕4, Sec <u>21</u> ⊤ <u>14N</u> R <u>7W</u>
City State		/est of Nitta Yuma
		ection) (Nearest Town)
<u> </u>	Well / Borehole Data	
Date drilling started: 7-18-16 D	Date drilling completed: 7-18-16 Hole depth: 1	116' Hole diameter: 24"
	- · <u> </u>	
	ter used for driving: Junace water	
	used in drilling and development: 50 PPM	
Aethod of dosing and volume of Chlorine	e used in drilling and development: 50 PPM	. Neutron [] Other:
Nethod of dosing and volume of Chlorine		: 🗌 Neutron 🗍 Other:
Method of dosing and volume of Chlorine Logs run (check all applicable): 🖾 No log Name of organization running log(s):	g run [] Electric [] Gamma Ray [] Density [] Sonic	
Method of dosing and volume of Chlorine Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	g run [] Electric [] Gamma Ray [] Density [] Sonic	
Method of dosing and volume of Chlorine Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W 🗌 S	g run [] Electric [] Gamma Ray [] Density [] Sonic dater Well [] Geotechnical/Geological Investigation Geismic Survey [] Other (<i>describe</i>)	n 🔲 Ground Source Heat Pump
Method of dosing and volume of Chlorine Logs run (check all applicable): I No log Name of organization running log(s): Purpose of borehole (check one): I W I S	g run [] Electric [] Gamma Ray [] Density [] Sonic	n 🔲 Ground Source Heat Pump
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Method of dosing and volume of Chlorine Logs run (check all applicable): 🖾 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W <i>If drilling is not rela</i> Purpose of Well (<i>check all applicable</i>): Other (<i>describe</i>): other (<i>describe</i>): If a flowing well, method of flow regulation Static Water Level: <u>24</u> fe Method of Measurement (check one) 🖾 3 Well depth: <u>116'</u> Well grouted to a flow	g run 🗋 Electric 🗋 Gamma Ray 🗋 Density 🗋 Sonic later Well 📄 Geotechnical/Geological Investigation Seismic Survey 📄 Other (<i>describe</i>) <i>ated to water well construction, skip the remain</i> Home 🗋 Industrial 🗋 Public Supply 🖾 Irrigation 🗋 I n: Valve Other (describe) neet [] above or 🖾 below] land surface Date m (check one) Steel tape 🗋 Electric tape 🗋 Air line 🗋 Other: (describe)	n
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Method of dosing and volume of Chlorine Logs run (check all applicable): No log Name of organization running log(s): Purpose of borehole (check one): NW S If drilling is not related Purpose of Well (check all applicable): Other (describe): If a flowing well, method of flow regulation Static Water Level: 24 fe Method of Measurement (check one) S Well depth: 116' Well grouted to a c Casing length: 76 feet Screen length: 40 feet Screen slot size: .050 in	g run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic Vater Well ☐ Geotechnical/Geological Investigation Seismic Survey ☐ Other (describe) ated to water well construction, skip the remain Home ☐ Industrial ☐ Public Supply ⊠ Irrigation ☐ I n: Valve Other (describe) neet [☐ above or ⊠ below] land surface Date m (check one) Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe) Gesting diameter: 16 inches Type Screen diameter: 16 inches Type nches Setting depth: From _77	n Ground Source Heat Pump nder of this block Fish Culture easured: 7-19-16 ribe)
Method of dosing and volume of Chlorine Logs run (check all applicable): ☑ No log Name of organization running log(s): Purpose of borehole (check one): ☑ W □ S If drilling is not related Purpose of Well (check all applicable): □ □ Other (describe):	g run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic dater Well ☐ Geotechnical/Geological Investigation Seismic Survey ☐ Other (describe) ated to water well construction, skip the remain Home ☐ Industrial ☐ Public Supply ⊠ Irrigation ☐ I n: Valve Other (describe) neet [☐ above or ⊠ below] land surface Date m (check one) Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe) Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe) Casing diameter: 16 inches Type Screen diameter: 16 inches Type	n Ground Source Heat Pump nder of this block Fish Culture easured: 7-19-16 tribe)
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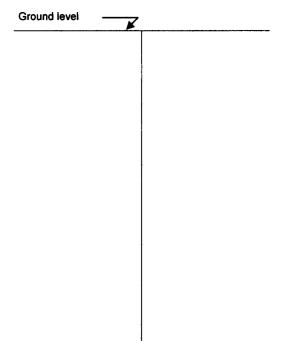
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	For Office Use Only:
Weli #:	5205

The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Washington Permit #: GW-49526



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	24
Fine Sand	25	44
Fine Sand & Gravel	45	58
Med. Sand & Gravel	59	113
Clay	114	116
		
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following:			
1) the well location 2) any permanent structures on the present, that we	, aid in location the	well	
 any permanent structures on the property that may any roads, power lines, or other items that may aid 			
4) a north arrow	rin locating the pro	perty and the weil	
Landowner Name:			
	· · · · · · · · · ·	Form: OLWR-SWR-1A (04/08)	
I HEREBY CERTIFY that the well/borehole was drilled, co		pletetin accordance with all applicable	
requirements of the Mississippi Department of Environmer	ntal Quality and the		
if applicable, and state laws.		Var Receiv	on
0695	7-28-16		
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee Form: OLWR-SWR-1A (4/13) AUG I I 2(
			016
			10
		D 0111	E France
Form provided by Forms On-A-Disk · 214-340-9429 · FormsOnA	Disk.com	By OLM	VН
		y =	

County: Washington	STATE WELL REPORT	For Office Use Only:
	Part 2	Well #: 5205
Permit #: GW-49526	Pump Installer's Completion Report Mississippi Department of Environmental Quality	
Driller: Irrigation Equipment, Inc.	Office of Land and Water Resources P.O. Box 2309	Aquifer:
Date drilling completed: 7-18-16	Jackson, MS 39225-2309	
<u>Copy information from block on Part 1</u>		
This part of the second word he complete		installer A comp of Dart 1
	ed by a licensed water well contractor or a licensed pump parts filed with the Department at the above address with	hin 30 days of well completion.
Well Owner Informa	ation We	Il Location
Owner Name: GM Farms	Latitude: 33 03' 2.1"	Longitude: 90 55' 20.9"
Mailing Address: 384 Mahaltic Road	Method of Lat/Long (check of	ne): 🔲 Conventional Survey,
	USGS quad, 🛛 Hand-hel	d GPS, 🔲 Survey-grade GPS
Rolling Fork MS	39159 SE ½ NW ½,	Sec <u>21</u> T <u>14N</u> R <u>7W</u>
City Sta		<u></u> - <u></u> <u></u>
Telephone No. () -	Miles We	
	(Distance) (Direc	tion) (Nearest Town)
	Pump Type (check one)	
🗌 Submersible 🖾 Turbine 🗋 Air Lift 📋	Centrifugal 🔲 Flowing Well 🗋 Jet 🗋 Piston 🗋 Rotary] Other (describe):
Date Pump Installed 7-19-16	Rated Pump Capacity: 2100+/	- Gallons Per Minute
Is This Pump (check one): 🛛 New 🗌 R	lepaired 🔲 Replacement	
	Power Type (check one)	
🗋 Electric 🛛 Diesel 🗋 Gasoline 🗌 Natu	ural Gas 🗋 Tractor PTO 🗋 Windmill 🗋 Other <i>(describe)</i>	:
Horse Power Rating of Motor: 60	Setting Depth: 70 feet N	umber of Stages: 1
	Pump Test Data for Non Flowing Well	
		num 4 hours): Hours
	eet Below Land Surface Pumping Water Level (B):	
Drawdown [(B) - (A)]:	Feet Below Land Surface Test Pumping Rate	Gallons Per Minute
Method of measurement (check one):] Steel tape 🗆 Electric tape 🗆 Air line 🗆 Other (describe	
Method of measurement (check one):		
Method of measurement (check one):	Steel tape 🔲 Electric tape 🗋 Air line 🗋 Other (describe	
Measured shut in head:	Steel tape Electric tape Air line Other (describe Pump Test Data for Flowing Well Feet	ə):
Measured shut in head:	Steel tape Electric tape Air line Other (describe Pump Test Data for Flowing Well	ə):
Measured shut in head: GPM with	Steel tape Electric tape Air line Other (describe Pump Test Data for Flowing Well Feet a drawdown of feet after Meter Installation	9): hours of pumping
Measured shut in head: GPM with	Steel tape Electric tape Air line Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number:	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name:	Steel tape Electric tape Air line Other (describe Pump Test Data for Flowing Well Feet a drawdown of feet after Meter Installation Meter Serial Number: Type of Meter:	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: Ctor (AF x .001, gal x 1000, etc):	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: Ctor (AF x .001, gal x 1000, etc):	9): hours of pumping
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Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):] New] Re Important: By submitting the above	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: tor (AF x .001, gal x 1000, etc): Meter installed by: epaired □ Replacement e information you are certifying that this meter was installed	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one): New Re Important: By submitting the above	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: tor (AF x .001, gal x 1000, etc): Meter Installed by: epaired □ Replacement	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):] New] Re Important: By submitting the above For agricu	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: Type of Meter: Type of Meter: Type of Meter:	9): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):] New] Re Important: By submitting the above For agricu	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Meter Serial Number: Type of Meter: tor (AF x .001, gal x 1000, etc): Meter installed by: epaired □ Replacement e information you are certifying that this meter was installed	e): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):] New] Re Important: By submitting the above For agricules 1 HEREBY CERTIFY that the above state 0695	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Neter Serial Number: Type of Meter:	e): hours of pumping
Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Neter Serial Number: Type of Meter:	e): hours of pumping
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Measured shut in head: Well yielded GPM with Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: Is This Meter (check one):	Steel tape □ Electric tape □ Air line □ Other (describe Pump Test Data for Flowing Well Feet a drawdown offeet after Meter Installation Neter Serial Number: Type of Meter:	e): hours of pumping

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