County:	Yazoo	
	GW-49345	
1		uipment, Inc.
Date drilli	ing completed:	5-5-16

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> </u>
Aquifer:	
E-Log #:	

Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well)	22 541 501
Owner Name: Joe Woodard	Latitude: 32 51' 50" Longitude: 90 42' 37.1"
Mailing Address: PO Box 5	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
Holly Bluff MS 39038	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>28</u> T <u>12N</u> R <u>5W</u>
City State Zip code	Miles North of Holly Bluff
Telephone No(Miles North of Holly Bluff (Distance) (Direction) (Nearest Town)
Well / Bo	orehole Data
Date drilling started: 5-5-16 Date drilling completed:	5-5-16 Hole depth: 127' Hole diameter: 24"
Location of the source of any surface water used for drilling:	
· -	
Method of dosing and volume of Chlorine used in drilling and de	velopment: 50 PPM
Logs run (check all applicable): 🛛 No log run 🗌 Electric 🔲 Gar	mma Ray 🗌 Density 🗌 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): 🛛 Water Well 🔲 Geotec	chnical/Geological Investigation Ground Source Heat Pump
Purpose of borehole (check one): Water Well Geotec	Chnical/Geological Investigation Ground Source Heat Pump Other (describe)
Purpose of borehole (check one): Water Well Geotect Seismic Survey If drilling is not related to water well con	Chnical/Geological Investigation Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block
Purpose of borehole (check one): Water Well Geotect Seismic Survey If drilling is not related to water well con	Chnical/Geological Investigation Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block
Purpose of borehole (check one): Seismic Survey If drilling is not related to water well con	Chnical/Geological Investigation Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block
Purpose of borehole (check one): Water Well Geotect Seismic Survey If drilling is not related to water well con Purpose of Well (check all applicable): Home Industrial Other (describe):	Chnical/Geological Investigation Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block Public Supply Irrigation Fish Culture
Purpose of borehole (check one): Seismic Survey Seismic Survey If drilling is not related to water well continuous purpose of Well (check all applicable): Home Industrial Other (describe): If a flowing well, method of flow regulation: Valve	Chnical/Geological Investigation Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block Public Supply Irrigation Fish Culture Other (describe)
Purpose of borehole (check one): Seismic Survey If drilling is not related to water well control Purpose of Well (check all applicable): Home Industrial Other (describe): If a flowing well, method of flow regulation: Valve Static Water Level: 17 feet [above or belong the check one)	Chnical/Geological Investigation ☐ Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Iow] land surface Date measured: 5-5-16
Purpose of borehole (check one): Seismic Survey Sei	Chnical/Geological Investigation ☐ Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Iow] land surface Date measured: 5-5-16
Purpose of borehole (check one): Seismic Survey If drilling is not related to water well continued Purpose of Well (check all applicable): Home Industrial Other (describe): If a flowing well, method of flow regulation: Valve Static Water Level: 17	chnical/Geological Investigation ☐ Ground Source Heat Pump Other (describe) Instruction, skip the remainder of this block Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Iow] land surface Date measured: 5-5-16 Date ☐ Air line ☐ Other: (describe) et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Purpose of borehole (check one): Seismic Survey	Chnical/Geological Investigation
Purpose of borehole (check one): Seismic Survey	Chnical/Geological Investigation
Purpose of borehole (check one): Seismic Survey	Chnical/Geological Investigation
Purpose of borehole (check one): Seismic Survey	Chnical/Geological Investigation ☐ Ground Source Heat Pump Other (describe)

inty: Yazoo	Weil #:	For Office Use (Only:
mit #: GW-49345			
sketch below only required for water wells	Description of formations encountered is and boreholes, unless specifically exemy	nust be provided for a ted by regulations	ll wells
<u>ell telescopes, show depths on sketch.</u>	Description of Formations Encountered	ed From (depth)	To (depth)
ound level ———	Clay	Ground level	32
	Fine Sand	33	42
	Fine Sand & Gravel	43	73
	Med. Sand & Gravel	74	127
nore than one screen, show location of each on sketch	<u> </u>		
etch the property layout and include the following: 1) the well location 2) any permanent structures on the property that many and the property that the property that many and the property that many and the property that the property t			
ndowner Name:		Form: OLWR-S	SWR-1A (04/08)
EREBY CERTIFY that the well/borehole was drilled, our tempers of the Mississippi Department of Environment of E	anatoriated and assumble 2 to a constitution	saidh All anntinath	

Date

Signature of Licensee
Form: OLWR-SWR-1A (4/13)
MAY 1 9 2016

Print Name of Responsible Licensee and License No.

County:	Yazoo	
Permit #:	GW-49345	
		uipment, Inc.
Data drilli	ng completed:	5-5-16

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 #:	£72
Aquifer:	

USGS quad, Mand-held GPS, Survey-grade GPS	(60)	01) 360-0535 (fax)	
Well Location Survey Grade State Sta	This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part 1	
Method of Lat/Long (check one):	Well Owner Information	Well Location	
Method of Lat/Long (check one):		22 54! 50"	
USGS quad, Hand-held GPS, Survey-grade GPS	Owner Name: Joe Woodard	Latitude: 32 51 50 Longitude: 90 42 57.1	
Holly Bluff	Mailing Address: PO Box 5		
State Zip code Distance Miles North (Direction) (Nearest Town)		USGS quad, ⊠ Hand-held GPS, ☐ Survey-grade GPS	
State Zip code Distance Miles North (Direction) (Nearest Town)	Holly Bluff MS 39038	NE 1/4 NE 1/4, Sec 28 T 12N R 5W	
Pump Type (check one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ate Pump Installed 5-5-16 Rated Pump Capacity: 21004/- Gallons Per Minute This Pump (check one): New Repaired Replacement Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): orse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data for Non Flowing Well ate Well Tested: Duration of Pump Test (minimum 4 hours): Hours atic Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface rawdown ((B) - (A)): Feet Below Land Surface Test Pumping Rate: Gallons Per Minute ethod of measurement (check one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well easured shut in head: Feet ell yielded GPM with a drawdown of feet after hours of pumping Meter Installation eter Model Number/Name: Type of Meter: tallizer Register Unit and Multiplier Factor (AF x. 001, gal x 1000, etc): stallation Date: Meter installed by: This Meter (check one): New Repaired Replacement 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 5-10-16 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer No. (if applicable)		-	
Pump Type (check one) Pump Type (check one)	Telephone No. () -		
Submersible \(\triangle \) Turbine \(\) Air Lift \(\) Centrifugal \(\) Flowing Well \(\) Jet \(\) Piston \(\) Rotary \(\) Other (describe): state Pump Installed \(\) 5-5-16 \\ Rated Pump Capacity: \(\) 2100+l- \\ Sallons Per Minute \\ This Pump (check one): \(\) New \(\) Repaired \(\) Replacement \\ Power Type (check one) Electric \(\) Diesel \(\) Gasoline \(\) Natural Gas \(\) Tractor PTO \(\) Windmill \(\) Other (describe): pump Test Data for Non Flowing Well ate Well Tested: \(\) Duration of Pump Test (minimum 4 hours): \(\) Hours atic Water Level (A): \(\) Feet Below Land Surface \(\) Pumping Water Level (B): \(\) Feet Below Land Surface awdown \(\) (B) - (A)]: \(\) Feet Below Land Surface \(\) Pumping Rate: \(\) Gallons Per Minute ethod of measurement (check one): \(\) Steel tape \(\) Electric tape \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Pump Test Data for Flowing Well easured shut in head: \(\) Feet \(\) Feet Below Land Surface \(\) Air line \(\) Other (describe): \(\) Hours of pumping Meter Installation eter Manufacturer: \(\) Meter Serial Number: \(\) Air line \(\) Other (describe): \(\) Surface \(\) Air line \(\) Other (describe): \(\) Type of Meter: \(\) Air line \(\) Other (describe): \(\) Type of Meter: \(\) Air line \(\) Other (describe): \(\)		(Distance) (Direction) (Nearest Town)	
Rated Pump Installed S-5-16 Rated Pump Capacity: 2100+ - Gallons Per Minute	Pump 1	Type (check one)	
Rated Pump Installed S-5-16 Rated Pump Capacity: 2100+ - Gallons Per Minute	. Submomible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing	g Well □ let □ Piston □ Rotary □ Other (describe):	
This Pump (check one): New Repaired Replacement Power Type (check one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Direct Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1	IS THIS PUMP (CHECK ONE): ☑ New ☐ Repaired ☐ Replacem Power	Type (check one)	
Pump Test Data for Non Flowing Well ate Well Tested: Duration of Pump Test (minimum 4 hours): Hours atic Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface rawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute ethod of measurement (check one): Steel tape Electric tape Interpretation of Pump Test (describe): Pump Test Data for Flowing Well easured shut in head: Feet fell yielded GPM with a drawdown of feet after hours of pumping Meter Installation Meter Serial Number: eter Manufacturer: Meter Serial Number: eter Model Number/Name: Type of Meter: ptalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): stallation Date: Meter installed by: This Meter (check one): 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Unstaller of Pump Un			
Pump Test Data for Non Flowing Well ate Well Tested: Duration of Pump Test (minimum 4 hours): Hours atic Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface rawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute ethod of measurement (check one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well easured shut in head: Feet feel yielded GPM with a drawdown of feet after hours of pumping Meter Installation eter Manufacturer: Meter Serial Number: eter Model Number/Name: Type of Meter: totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): stallation Date: Meter installed by: 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 MDEO website. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 10695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer of Pump Install			
Duration of Pump Test (minimum 4 hours):	Horse Power Rating of Motor: Setting Dep	ith: 10 feet Number of Stages. 1	
Duration of Pump Test (minimum 4 hours):	Dump Test De	to for Non Clowing Wall	
ratic Water Level (A):			
rawdown [(B) - (A)]:			
Pump Test Data for Flowing Well easured shut in head: Feet ell yielded GPM with a drawdown of feet after hours of pumping Meter Installation	Static Water Level (A): Feet Below Land Surfa	ace Pumping Water Level (B): Feet Below Land Surface	
Pump Test Data for Flowing Well easured shut in head: Feet fell yielded GPM with a drawdown of feet after hours of pumping Meter Installation eter Manufacturer: Meter Serial Number: eter Model Number/Name: Type of Meter: ptalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): stallation Date: Meter installed by: 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 5-10-16 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer and License No.	Drawdown [(B) - (A)]: Feet Below Land S	urface Test Pumping Rate: Gallons Per Minute	
Meter Installation Meter Model Number/Name: Type of Meter: Meter installed by: 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.	Method of measurement (check one): ☐ Steel tape ☐ Electric	ic tape Air line Other (describe):	
Meter Installation eter Manufacturer:	Pump Test I	Data for Flowing Well	
Meter Installation eter Manufacturer:			
Meter Installation eter Manufacturer:			
teter Manufacturer: Meter Serial Number:	Well yielded GPM with a drawdown of	feet after hours of pumping	
teter Manufacturer: Meter Serial Number:	No.		
teter Model Number/Name: Type of Meter: Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Register (AF x .001, gal x 1000, etc): Intelligent Register Unit and Multiplier Register (AF x .001, gal x 1000, etc): Intelligent Register Unit	Mater Manufacture		
Stallzer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): stallation Date:			
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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 5-10-16 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump County Standards Signature of Pump County Standards Signature of Pump County Standards	Installation Date: Meter installed by:		
For agricultural wells, a list of approved meters is on the MDEQ website. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	ls This Meter <i>(check one)</i> : ☐ New ☐ Repaired ☐ Replacem	nent	
For agricultural wells, a list of approved meters is on the MDEQ website. HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	Important: By submitting the above information you are	certifying that this meter was installed to manufacturer standards.	
0695 Print Name of Pump Installer and License No. (if applicable) 5-10-16 Signature of Pump Care V	For agricultural wells, a list of a	approved meters is on the MDEQ website.	
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	I HEREBY CERTIFY that the above statements are true to the	ne best of my knowledge.	
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	0695	54046	
1 51111. SETATE-OVALE ID (4/ 15)	- In applicable	Form: OLWR-SWR-1B (4/13)	

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