

STATE WELL REPORT

Part I

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 #: B192
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-47507
 Driller: Richard Foster
 Date drilling completed: 6-14-13

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Allendale Planting Co.</u>	Latitude: <u>33° 59' 47.39"</u> Longitude: <u>90° 44' 17.268"</u>
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>32</u> T <u>25N</u> R <u>5W</u>
Telephone No. <u>(662) 398-5121</u>	<u>1</u> Miles <u>SE</u> of <u>Dushpucker</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-14-13 Date drilling completed: 6-14-13 Hole depth: 117' Hole diameter: 20"

Location of the source of any surface water used for drilling: Well 25' away

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: 34 feet (above or below land surface) (circle one) Date measured: 6-16-13

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 68 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

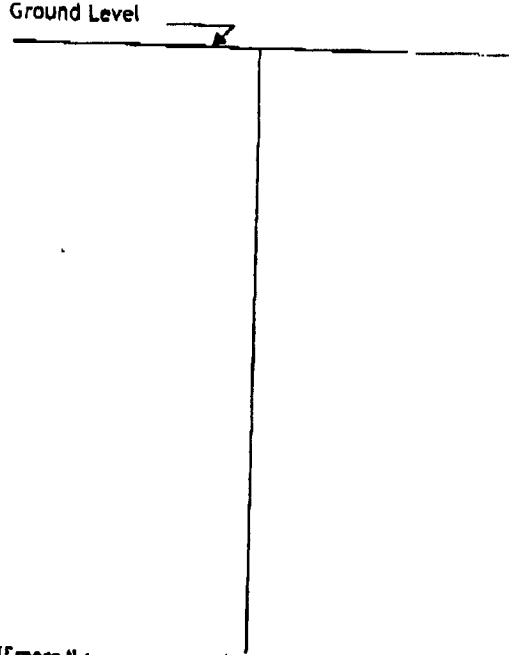
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County: Bolivar
 Permit #: GW-47507

For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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

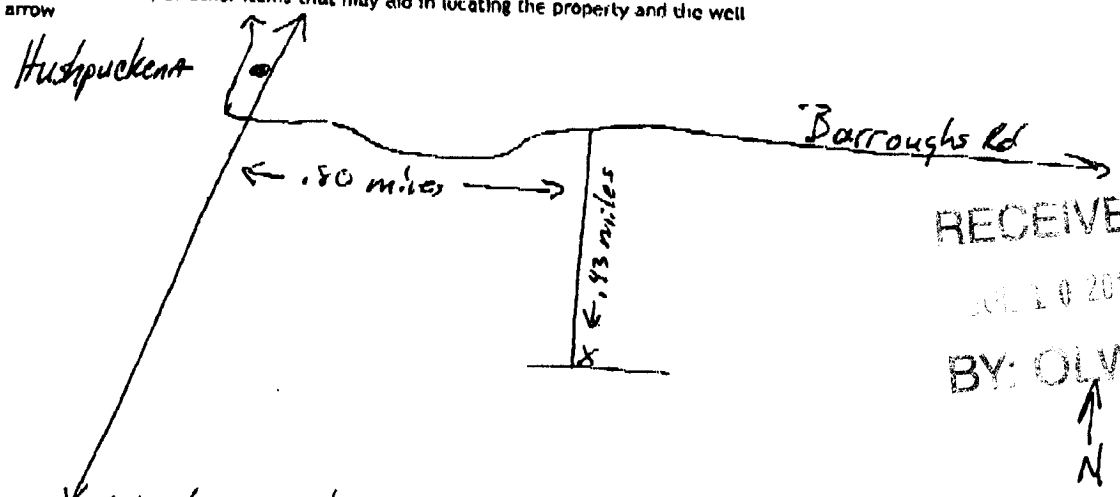


Description of Formations Encountered	From (depth)	To (depth)
Clay + Top soil + Sand	Ground level	20
Clay	20	45
Fine Sand	45	63
Medium Sand	63	71
Medium/Coarse Sand + gravel	71	90
Fine Sand	90	98
Medium/Coarse Sand + gravel	98	109
Clay	109	117

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 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) north arrow



Landowner Name: Allendale Planting Co

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703
 Print Name of Responsible Licensee and License No.

7-8-13
 Date

Clayton Miller
 Signature of Licensee

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
 (601) 360-0535 (fax)

For Office Use Only:

Well #: _____
 Aquifer: _____

County: BOLIVAR
 Permit #: GW-47507
 Driller: Michael Wells
 Date completed: 6-16-13
 Copy information from block on Part 1

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 with the Department at the above address within 30 days of well completion.

Well Owner Information			Well Location		
Owner Name: <u>Allendale Planting Co</u>			Latitude: <u>33° 59' 47.35"</u> Longitude: <u>90° 44' 17.268"</u>		
Mailing Address: <u>P.O. Box 26</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Shelby</u> <u>MS</u> <u>38774</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code			<u>SW 1/4 NE 1/4, Sec 32 T25N R 05W</u>		
Telephone No. <u>(662) 398-5121</u>			<u>1</u> Miles <u>SE</u> of <u>Husheuckena</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-16-13 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Groundwire

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 34 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter Installed by: _____

Is This Meter (circle 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703 7-8-13 Clayton Miller

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

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Dean A. Pennington, PhD
Executive Director

P. O. Box 129
Stoneville, MS 38776

Tel.: (662) 686-7712

Fax: (662) 686-9078

www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

June 13, 2013

Allendale Planting Company
PO Box 26
Shelby, MS 38774

RE: Well Construction / Authorization to drill

Permit No: GW-47507

Dear Allendale Planting Company:

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: SW1/4 of the NE1/4 Section 32 Township 25N Range 05W County Bolivar
Latitude: 33 59 47.3964 Longitude: 90 44 17.268

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

All application must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will then be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.

Dillard Melton Jr.
Permitting Director

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