

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 #: D221
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: GW-49847 ✓
Driller: Jonathan Gordon
Date drilling completed: 4-26-17

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° 58' 20.08"</u> Longitude: <u>90° 47' 52.63"</u>	
Mailing Address: <u>P.O. Box 26</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Shelby</u> State: <u>MS</u> Zip Code: <u>38774</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(662) 721-0146</u>			<u>SW 1/4 NW 1/4, Sec 02 T. 24N R. 06W</u>	
			<u>2.28</u> Miles <u>NW</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 4-26-17 Date drilling completed: 4-26-17 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 1/2 mile 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) _____

Static Water Level: 37 feet (above or below land surface (circle one)) Date measured: 4-25-17

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

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 125 feet

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

Other (describe): _____

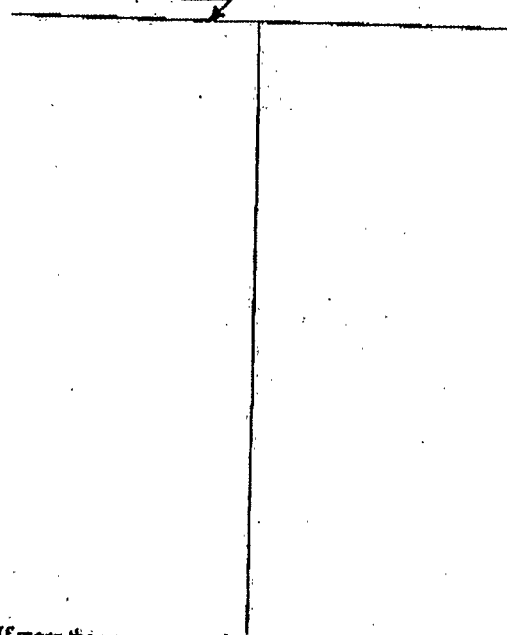
Top of tap pipe or reduction in casing: N/A feet

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

County: Bolivar
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The sketch below only required for water wells
If well telescopes, show depths on sketch.
 Ground Level →



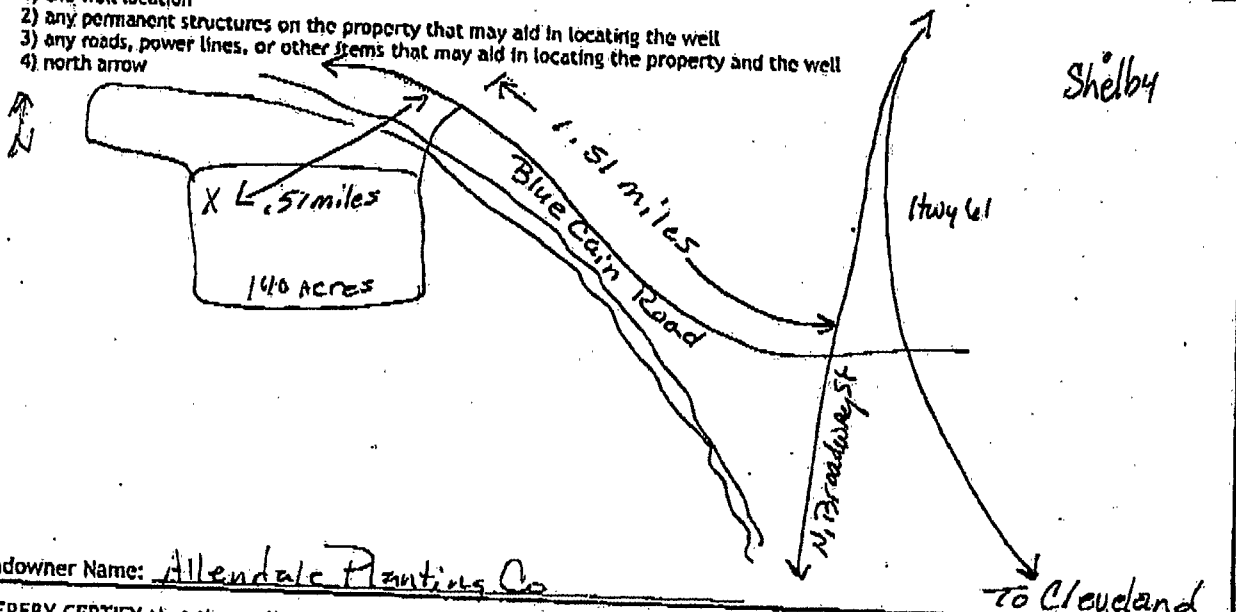
Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsoil & Clay	Ground level	17
Fine Sand & Clay	17	25
Medium Sand	25	65
Medium Sand	65	75
Coarse Sand & Pea Gravel	75	85
Coarse & Medium Sand to Pea Gravel	85	95
Medium/Coarse Sand	95	105
Medium/Coarse Sand to Pea Gravel	105	115
Coarse Sand & Pea Gravel	115	125

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.

Peyton Overstreet 0008026 5/2/17 Peyton Overstreet
 Print Name of Responsible Licensee and License No. Date 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 #: D221
 Aquifer: _____

County: Bolivar
 Permit #: GW-49847
 Driller: Tommy Fortenberry
 Date completed: 4-29-17
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 Ppty Co.</u>			Latitude: <u>33°58'20.08"</u> Longitude: <u>90°47'52.63"</u>		
Mailing Address: <u>P.O. Box 26</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Shelby</u> City	<u>MS</u> State	<u>38774</u> Zip Code	<u>SW 1/4 NW 1/4, Sec 02 T.21N R.66W</u>		
Telephone No. <u>(662) 721-0146</u>			<u>2.28</u> Miles <u>NW</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-29-17 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): Gear-Drive
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

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): 37 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.
Peyton Overstreet 0008026 5/2/17 Peyton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

STATE OF MISSISSIPPI
Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-49847

Landowner Name: ALLENDALE PLANTING COMPANY

Landowner Address: PO BOX 26
 SHELBY

MS 38774

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NW 1/4

Section: 02 **Township:** 24N **Range:** 06W

County: BOLIVAR

Quad: SHELBY

Maximum Volume: 420 Acre-Fect/Year *equivalent to* .3749 Million Gallons/Day

Maximum Rate: 2400 Gallons/Minute

Applicant Name: ALLENDALE PLANTING COMPANY

Applicant Address: PO BOX 26
 SHELBY

MS 38774

Date Permit Issued: 02/28/2017

Date Permit Expires: 02/28/2022

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:



Gary C. Rikard, Executive Director
 Mississippi Department of Environmental Quality