

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 #: E 221
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-49146
 Driller: Clarence McMurry
 Date drilling completed: 4-26-16

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 #2273 (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Allendale Planting Co.</u>			Latitude: <u>33° 58' 14.01"</u> Longitude: <u>90° 45' 30.90"</u>		
Mailing Address: <u>P.O. Box 86</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City: <u>Shelby</u>	State: <u>MS</u>	Zip Code: <u>38774</u>	<u>N1E 1/4 SW 1/4, Sec 06 T 24N R 05W</u>		
Telephone No. <u>(662) 721-0146</u>	1.46 Miles <u>North</u> of <u>Shelby</u>			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 4-26-16 Date drilling completed: 4-26-16 Hole depth: 127' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled from nearby well

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: 43 feet (above or below land surface) (circle one) Date measured: 4-29-16

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

Well depth: 127' Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.050 inches Setting depth: From 77 feet to 127 feet

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

Other (describe): _____

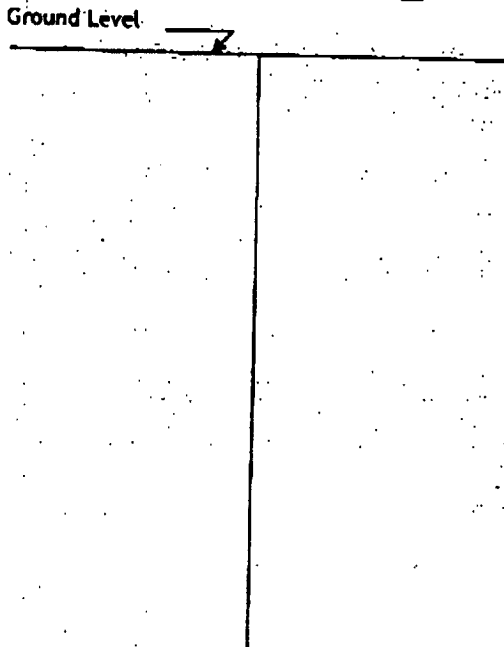
Top of lap pipe or reduction in casing: N/A feet

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

County: Bolivar
Permit #: GW-49146

For Office Use Only:
Well #: E22

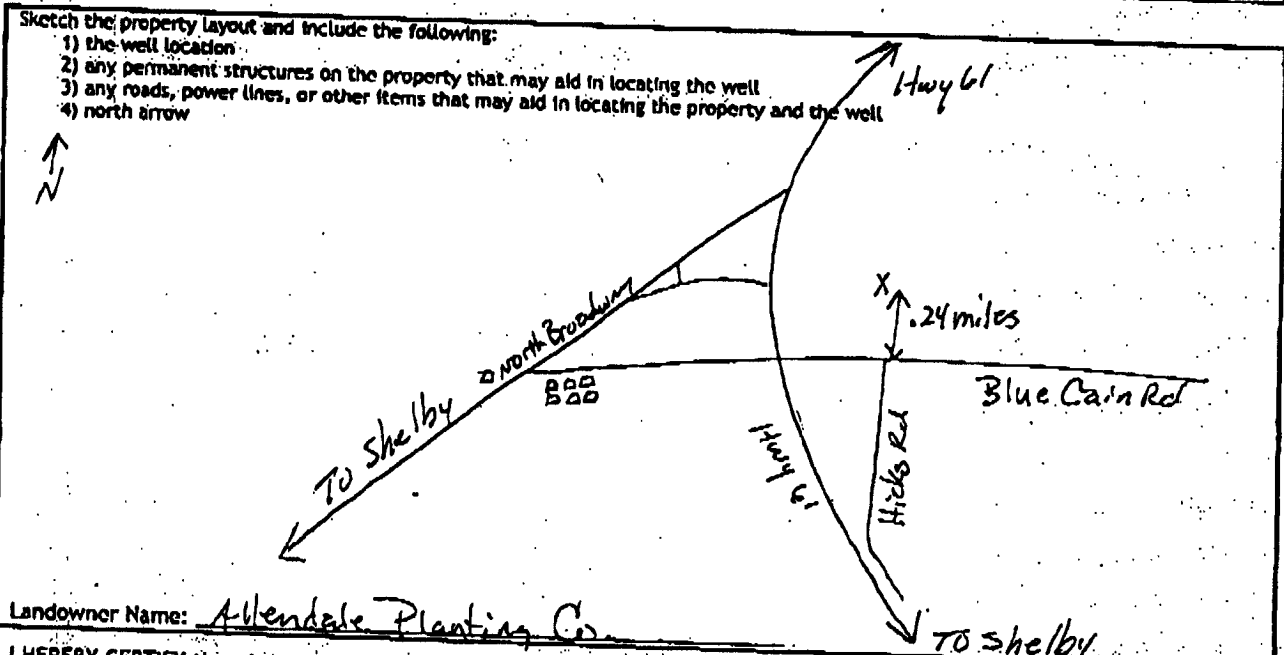
The sketch below only required for water wells
If well telescopes, show depths on sketch.



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	Ground level	25
Clay with Fine Sand	25	51
Clay	51	63
Fine Sand	63	65
Clay	65	71
Medium Sand	71	84
Coarse Sand & Pea Gravel	84	127

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



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.

5/24/16
Date

Clayton Miller
Signature of Licensee

STATE WELL REPORT

Part 2

County: Bolivar
 Permit #: BW-49146
 Driller: John Rubolt IV
 Date completed: 4-29-16
 Copy information from block on Part 1

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 #: E 221
 Aquifer: _____

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 Owner Name: <u>Allendale Planting Co</u> Mailing Address: <u>P.O. Box 26</u> _____ <u>Shelby</u> <u>MS</u> <u>38714</u> City State Zip Code Telephone No. <u>(662) 721-0146</u>			Well Location Latitude: <u>33° 58' 14.04"</u> Longitude: <u>90° 45' 30.90"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 SW 1/4, Sec. 06 T. 24N R. 05W</u> <u>1.46</u> Miles <u>North</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)		
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Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-29-16 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric 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): 43 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.
Clinton Miller 0-703 5/12/16 Clinton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer