

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 #: E 229
 Aquifer: _____
 E-Log #: _____

County: Bellevue
 Permit #: MS-GW-49489 ✓
 Driller: Tommy Peacock Sr
 Date drilling completed: 11-14-16

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>Rocco Glynn Morris Jr Farms</u>			Latitude: <u>N37°55'31"</u> Longitude: <u>W90°40'18"</u>		
Mailing Address: <u>508 Westover Dr</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Clarksdale</u>	<u>MS</u>	<u>38614</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>13</u> T <u>24N</u> R <u>05W</u>		
City	State	Zip Code	<u>4</u> Miles <u>E</u> of <u>Shelby</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 11-14-16 Date drilling completed: 11-14-16 Hole depth: 109' Hole diameter: 24"

Location of the source of any surface water used for drilling: ditch nearby

Method of dosing and volume of Chlorine used in drilling and development: when filling tank

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: 38 feet [above or below] land surface Date measured: 11-14-16
 (circle one)

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

Well depth: 109' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 69 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 2.032 inches Setting depth: From 69 feet to 109 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

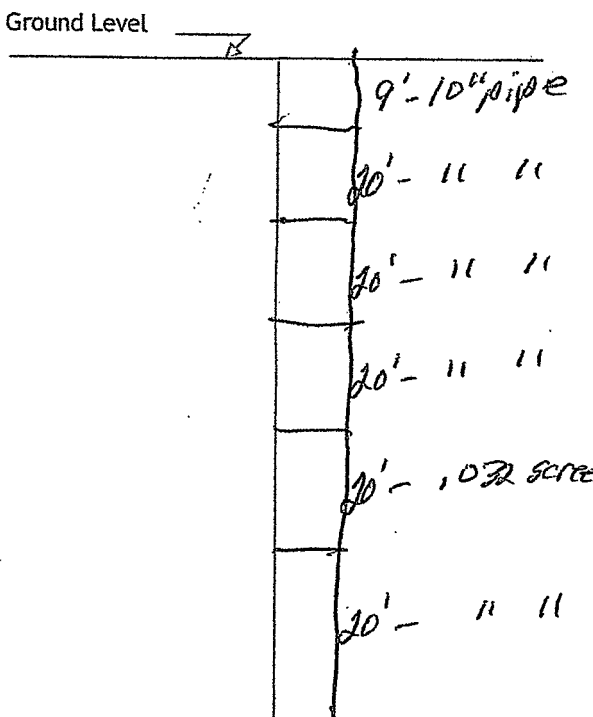
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 DEC 05 2016
 BY OIWR

County: Bolivar
Permit #: MS-GW-49689

For Office Use Only:
Well #: E229

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) Ground level	To (depth)
TOP SOIL	0	15
fine sand	15	25
COARSE sand	25	45
medium sand	45	70
COARSE sand	70	90
COARSE sand & gravel	90	109

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: Rocco Glynn Morris Jr

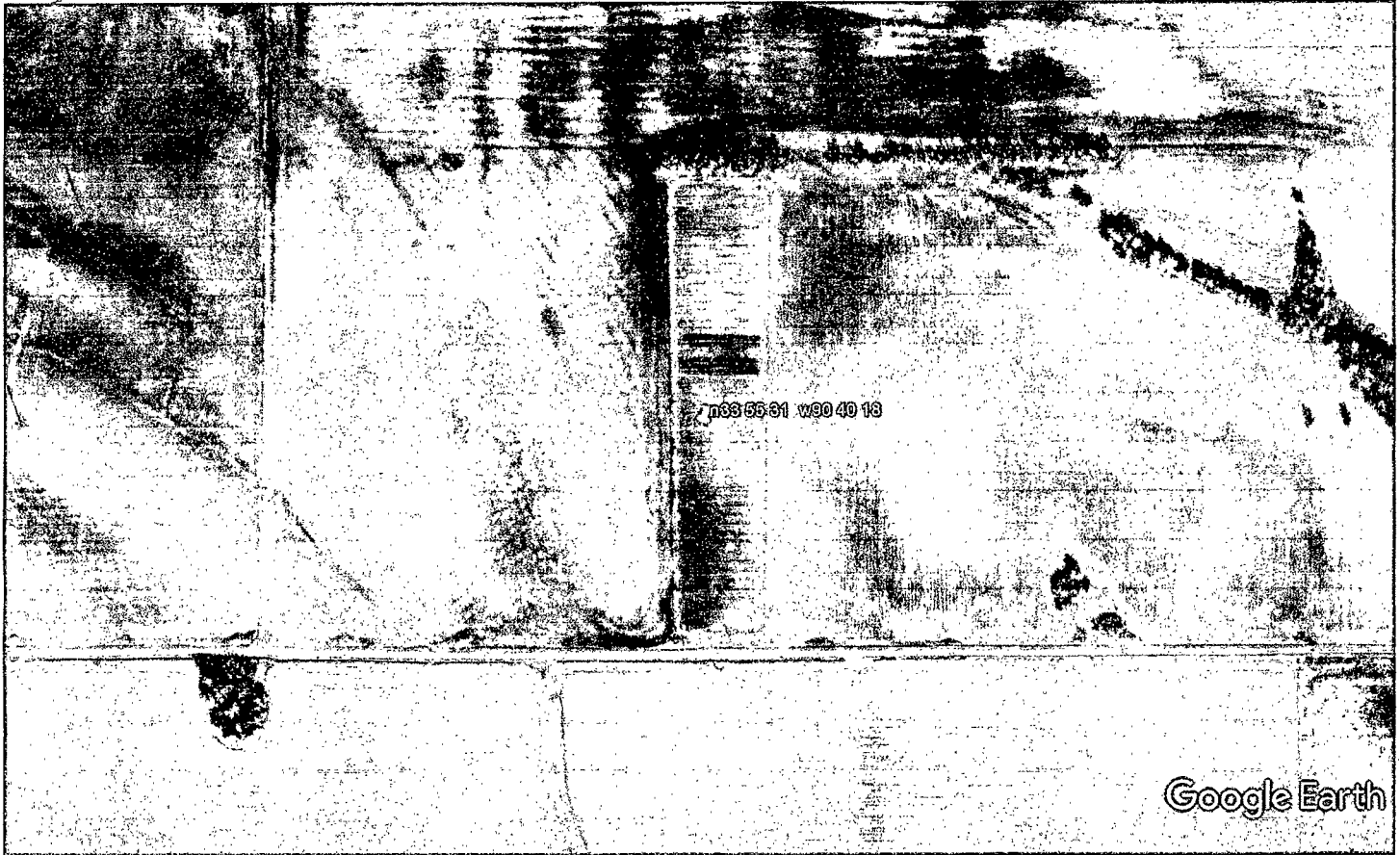
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DEC 05 2010

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.

Tommy Peacock SR #3409
Print Name of Responsible Licensee and License No.

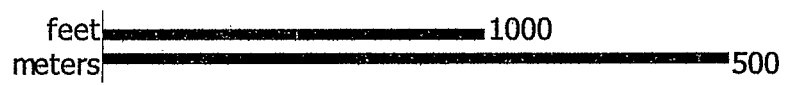
11-29-16
Date

Tommy Peacock
Signature of Licensee



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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-49689
 Driller: TOMMY PEACOCK SR
 Date completed: 11-14-16
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>ROCCO GLENN MORRIS JR</u>	Latitude: <u>33° 55' 25"</u> Longitude: <u>90° 40' 18"</u>
Mailing Address: <u>508 WESTOCKER DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE</u> <u>MS</u> <u>38614</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>13</u> T <u>24N</u> R <u>05W</u>
City State Zip Code	<u>5.3</u> Miles <u>ESE</u> of <u>SHELBY</u>
Telephone No. <u>(662) 902-4011</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-15-16 Rated Pump Capacity: 1200 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): _____

Horse Power Rating of Motor: 25 Setting Depth: 60 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: McCrometer Meter Serial Number: 16 11865

Meter Model Number/Name: M0306 Type of Meter: GROUNDWATER

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

Installation Date: 11-15-16 Meter installed by: CIRCLE 5 IRRIGATION

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.

DAVID P. HOLT 0-752P 12-1-16 [Signature]

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

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DEC 07 2016

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16-09-17