County: Bolivar
Permit #: GW-49753 ✓
Driller: Clarence McMurry
Date drilling completed: 3-24-17

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 #: G286
Aquifer:
E-Log #:

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)

Owner Name: Pemble Farms Partnership II
Mailing Address: P.O. Box 428

Merigold MS 38759
City State Zip Code

Telephone No. (662) 721-7734

Well or Borehole Location

Latitude: 33° 49' 2.87" Longitude: 90° 47' 3.76"

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____

SW ¼ NE ¼, Sec 26 ✓ T 23N ✓ R 06W

3.63 Miles SW of Merigold
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-24-17 Date drilling completed: 3-24-17 Hole depth: 125' Hole diameter: 26"

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

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: 47 feet [above or below] land surface (*circle one*) Date measured: 3-31-17

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 lap pipe or reduction in casing: N/A feet

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

Form: OLWR-SWR-1A (4/13)

County: Bolivar

Permit #: GW-49753

For Office Use Only:

Well #: G286

The sketch below only required for water wells

If well telescopes, show depths on sketch.

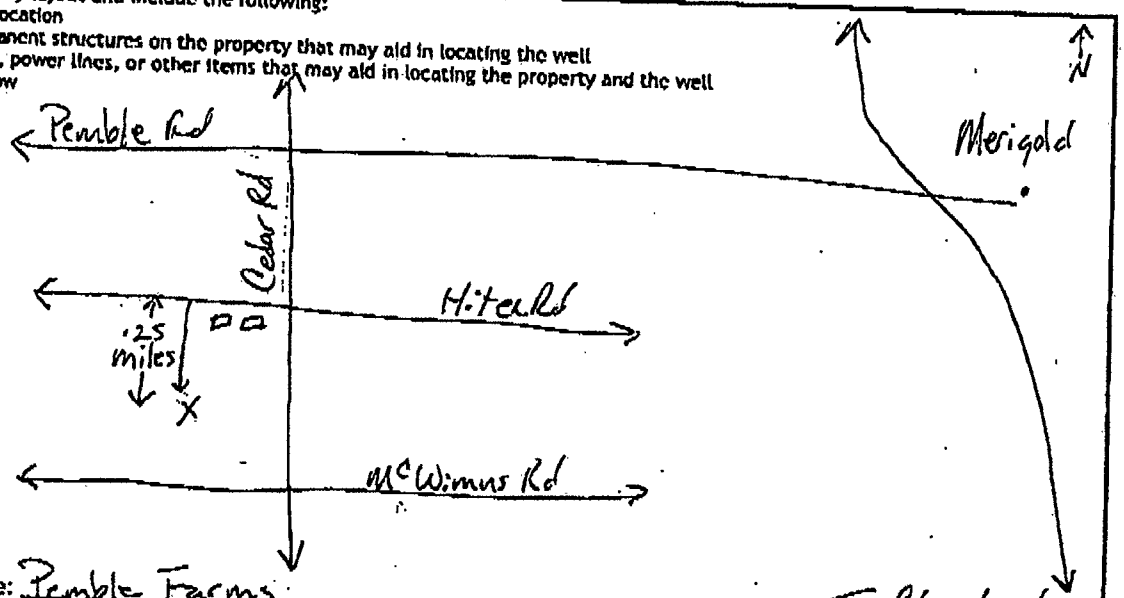
Ground Level

If more than one screen, show location of each 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	35
Fine Sand	35	45
Fine Sand	45	55
Coarse Sand & Gravel	55	65
Coarse Sand & Gravel & Clay	65	75
Coarse Sand & Gravel	75	85
Coarse Sand & Gravel w/ Medium Sand	85	95
Medium Sand & Coarse Sand	95	105
Medium Sand & Coarse Gravel	105	115
Coarse Sand & Gravel	115	125

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: Pemble Farms

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 0000826

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: Bolivar
Permit #: GW-49753
Driller: Doug Cecilova
Date completed: 3-31-17
Copy information from block on Part 1

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 #: 6286
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: Pemble Farms Partnership II
Mailing Address: P.O. Box 428
Merigold MS 38759
City State Zip Code
Telephone No. (662) 721-7734

Well Location

Latitude: 33° 49' 2.87" Longitude: 90° 47' 3.76"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
SW ¼ NE ¼, Sec 26 T 23N R 06W
3.63 Miles (Distance) SW (Direction) of Merigold (Nearest Town)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 3-31-17 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*):
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): 47 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 0000 8026 ____ Peyton Overstreet
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)