County:	Bolivar	
Permit #:	GW-49566	·
Driller:	Irrigation Eq	uipment, Inc.
Date drilli	ing completed:	5-30-16

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 #:	K-147
Aquifer:	
E-Log #:	Auditud de marie de la companya del companya de la companya del companya de la co

State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: American Farm Group	Latitude: 33 46' 50.2" Longitude: 90 53' 20.7"
Mailing Address: 7700 North Kendall Drive Ste 405	Method of Lat/Long (check one): ☐ Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Miami FL 33156	<u>≶V√</u> ¼ <u>≶E</u> ¼, Sec <u>2</u> T <u>22N</u> R <u>7W</u>
City State Zip code Telephone No. () -	Miles SW of Pace
	(Distance) (Direction) (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 5-30-16 Date drilling completed:	5-30-16 Hole depth: 127' Hole diameter: 24"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gam	ma Ray 🗍 Density 🗍 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): ☐ Water Well ☐ Geotech	nical/Geological Investigation
☐ Seismic Survey ☐ 0	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P	ublic Supply ⊠ Irrigation □ Fish Culture
Other (describe): Ceptace 002	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: feet [☐ above or ☒ below (check one)	w] land surface Date measured:
Method of Measurement (check one) \boxtimes Steel tape \square Electric tape	e Air line Other: (describe)
Well depth: 127 Well grouted to a depth of: 10 feet	Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix
Casing length: 87 feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: .050 inches Setting depth:	From 88 87 Received feet
Type of completion (check all applicable): ⊠ Gravel packed ☐ U	-
Other (describe):	JUN 2 9 2016
Top of lap pipe or reduction in casing: Feet	By OLWR
If telescoped or more than on	e screen, describe on next page

County: Bolivar		For Office Use	Only:
Permit #: GW-49566		vveii #.	
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations enc and boreholes, unless specific	ountered must be provided for a ally exempted by regulations	all wells
Ground level	Description of Formations E	ncountered From (depth) Ground level	To (depth)
	Fine Sand	23	43
	Fine Sand & Gravel	44	69
	Med. Sand & Gravel	70	127
	Med. Dana & Olaver		147
			
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If more than one screen, show location of each on sketch			
if more than one sereen, snow 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 a 3) any roads, power lines, or other items that may a 4) a north arrow		e well	
		Received	
Landowner Name: I HEREBY CERTIFY that the well/borehole was drilled, or	onstructed, and complete() iq ac	cordance with all applicable	SWR-1A (04/08)
requirements of the Mississippi Department of Environment if applicable, and state laws. 0695	ental Quality and the Mississippi	Department of Health regulat	ions,

6-24-16Date

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

Print Name of Responsible Licensee and License No.

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County:	Bolivar	
Permit #:	GW-49566	
		uipment, Inc.
	ing completed:	5-30-16

Copy information from block on Part 1

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

For	Office Use Only:
Well #:	ř——
Aquifer:	

(601)	360-0535 (fax)
This part of the report must be completed by a licensed water we of the report must be attached and both parts filed with the Depo	ell contractor or a licensed pump installer. A copy of Part 1 urtment at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: American Farm Group	Latitude: 33 46' 50.2" Longitude: 90 53' 20.7"
Mailing Address: 7700 North Kendall Drive Ste 405	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Miami FL 33156 City State Zip code	1 1/2 1/4 SE 1/4, Sec 2 T 22N R 7W
	Miles SW of Pace
Telephone No	Miles SW of Pace (Distance) (Direction) (Nearest Town)
Pump Tur	ne (check one)
·	· · · ·
☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing W	-
	Rated Pump Capacity: Gallons Per Minute
Is This Pump (check one): ☐ New ☐ Repaired ☐ Replacement	t pe (check one)
☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO	
Horse Power Rating of Motor: 60 Setting Depth:	leet Number of Stages.
Pump Test Data 1	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 Surfa	ace Test Pumping Rate: Gallons Per Minute
Method of measurement (check one): ☐ Steel tape ☐ Electric ta	pe Air line Other (describe):
Pump Test Dat	a for Flowing Well
Measured shut in head: Feet	
Well yielded GPM with a drawdown of	feet after hours of pumping
Meter I	nstallation
Meter Manufacturer:	Meter Serial Number:
Meter Model Number/Name:	Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 100	00, etc):
Installation Date: Meter installed by:	
Is This Meter (check one): New Repaired Replacement	
	rtifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.
I HEREBY CERTIFY that the above statements are true to the b	pest of my knowledge.
0695	6-24-16
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer
	Form: OLWR-SWR-1B (4/13)

STATE WELL REPORT

County: BOLIVAE Part 2 Permit #: GW- 495 66 Pump Installer's Com

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

Driller: <u>IRPSGASSON</u> <u>EQUIP</u>
Date completed: <u>5-30-</u>/6

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

For Office	Use Only:
Well #:	147
Aquifer:	

(601) 360-0535 (fax) 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 Latitude: 33 o 47. 20" Longitude: 90 o 53. 20" Owner Name: Mailing Address: 1700 NORTH Method of Lat/Long (check one): Conventional Survey____ 405 USGS quad_____, Hand-held GPS_____, Survey-grade GPS NWNE SE 1/4. Sec OZ T ZZN R OTW State Telephone No. 20 (Direction) (Distance) (Nearest Town) Pump Type (circle one) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ____ Date Pump Installed: _ 3000 Gallons Per Minute Rated Pump Capacity: Is This Pump (circle one): Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _ Horse Power Rating of Motor: Setting Depth: _ _feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: ___ Duration of Pump Test (minimum 4 hours); _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface _____Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Drawdown [(B) - (A)]: ____ 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. JUL 08 2016

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.

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)

(11.15)