Rolling	
State Well Report	For Office Use Only:
County <u>LAURYARSS</u> Part I – Driller's Log Mississippi Department of Environmental Quality	Aquifer:
Permit #: <u>60, 97430</u> Office of Land and Water Resources	Well # <u>6149</u>
Driller JOE JUMPER P.O. Box 2309 Jackson, MS 39225	
Date drilling completed: 5/16/14 (601)961-5210 (601)961-5228 (fax)	L. S. Elevation:
	E-log #:
State Law requires that this report be prepared by the license holder responsible for Department at the above address within 30 days of completion of drilling of the well	the work and filed with the
Information on Well Owner 12 UC 17 Well or B	orehole Location 76° 53° 04
(Lundowner if obtende is not for a water well)	Longitude: 90 . 52 . 33
Owner Name HMerican Farm Group Method of Lat/Long (circle o	
Mailing Address:	· _
P.0 50X 07	I GPS, Survey-grade GPS
-110-4 MOS 1113, 58 /58	Twn22 N Rng 07 W
City State Zip Code Distance Direction	Nearest Town
Telephone No. ()	···
Weil / Borchole Data	
Date drilling started: 5/10/16 Date drilling completed: 5/10/16 Hole depth: 10	Hole diameter: 28
Location of the source of any surface water used for drilling: \underline{NeVest}	
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 (check 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 blo	<u>ck</u>
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve Other (describe)	
Static Water Level: 20 feet above or the low circle one) land surface Date measured:	5110116
	3/10/18
Well depth: <u>//O</u> Well grouted to a depth of fect Type of grout (circle one): Neat Cernel	nt Bentonite Mix
Casing length: 70 feet Casing diameter: 6 inches Type of casing:	P.V.C
icreen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen:	PUL
creen slot size: 050 inches Setting depth: From 0^{-72} feet to 7	O-110 feet
ype of completion (circle all applicable): Gravel packed Underreamed Telescoped Open ho	
	•
Other (describe):	
op of lap pipe or reduction in casing:feet. If telescoped or more than one screen,	describe on next page
	Form: OLWR-SWP 4A (04/08)
	Form: OLWR-SWF1A (04/08)
	'JUL 07

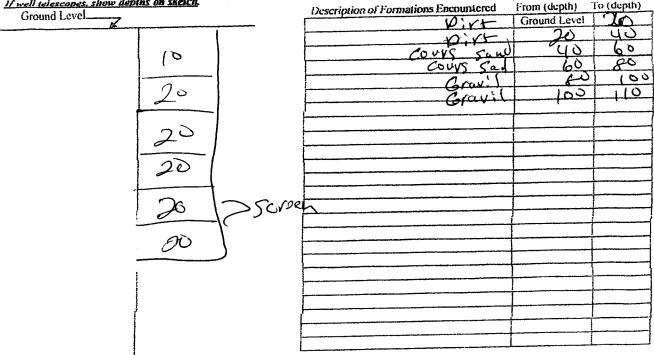
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By	OL	.W	'R
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The sketch below only required for water wells

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

If well telescopes, show depths on skeich.



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) a north arrow. Landowner Name: AMRRICAN FARM Group Form: OLWR-SWR-1A (04/08)

I certify that the well/borchole 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

Jumpor #5317 5/10/16 Acel Jupper Geived laws. JOEL Print Name of Responsible Licensee and License No. Date

JUL 072016 **By OLWR**

STATE WELL REPORT Part 2 Date completion Report Date completed: 5-11-16 Copy information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 961-5210 (601) 360-0535 (fax) Mulifer: Acume intervent must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 Office Use Only: Well Owner Information Well Colspan="2">Well acutoted and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Well Owner Information Well Cloud Owner Name: MMSLICAN Mailing Address: PO. Song State Zip Code City State Zip Code Mal 4 Mal 4 Sw 4, Sec 13
County: BOLLUAZ Permit #: Gw- Y9Y30 Driller: JOLTED WELL SEAR Date completed: 5-11-16 Date completed: 5-11-16 Copy information from block on Part 1 Office of Land and Water Resources P.O. Box 2039 Jackson, MS 39225-2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax) 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 Owner Name: AMMSRICAN Amiling Address: PO. Box IOV Mailing Address: MS State Zip Code Telephone No. ZOP - SOLOV Pump Type (circle one) Of
Permit #: Cu- 49430 Driller: DuTED WELL Selur Date completed: S-11-16 Copy information from block on Part 1 Po. Box 2309 Jackson, MS 39225-2309 Jackson, MS 39225-2309 Gopy information from block on Part 1 Got196-15210 (601) 961-5210 (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 Owner Name: AMSLICAN Mailing Address: P.O. Box JOH Mailing Address: MS Telephone No. M2 Z19 State Zip Code Zip Code Miles S Must Miles State Zip Code Cibtance Of Must Miles State Zip Code Must Miles State Zip Code Well Miles S Must Sites
Driller: JOLIFED Well Silver Date completed: 5-11-16 P.O. Box 2309 Copy information from block on Part 1 Goffice of Land and Water Resources Aquifer: Copy information from block on Part 1 Goffice of Land and Water Resources 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 Goffice of Land and Water Resources Office of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 Goffice of Land and Water Resources Well Owner Information Well Cocation Owner Name: <u>AMMSRLICAJ</u> Mailing Address: <u>P.O.</u> Jone <u>Jone</u> City State State Zip Code Telephone No. <u>Z99 - 8064</u> Pump Type (circle one)
Date completed:
Copy information from block on Part 1 (601)961-5210 (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 Owner Name: <u>AMSRICAJ FARM Clouf</u> Mailing Address: <u>PO. BOX 104</u> Lixtude: <u>33° 45' 17"</u> Longitude: <u>90° 52* 550*</u> Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1000000000000000000000000000000000000</u>
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>AMSRICAJ</u> <u>FARM</u> <u>Clouf</u> Mailing Address: <u>PO.</u> <u>BOX</u> <u>IO4</u> Mailing Address: <u>PO.</u> <u>BOX</u> <u>IO4</u> Littude: <u>38753</u> <u>City</u> State Zip Code Telephone No. <u>299-8064</u> <u>Zip Code</u> <u>Miles</u> <u>S</u> <u>S</u> Pump Type (circle one)
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>AMSRICAJ</u> FARM Chouf Mailing Address: P.O. Box 104 Latitude: 33° 45' 12" Longitude: 90° 62° 56° Method of Lat/Long (check one): Conventional Survey
Owner Name: <u>AMSRICAJ</u> <u>FARm</u> <u>GRouf</u> Mailing Address: <u>PO</u> . <u>BOX</u> <u>IO4</u>
Mailing Address: P.O. BOX /04
Image: State display="block by content of the system: State display="block by block by the system: State display="block by block by the system: State display="block by block by bl
LNKRNESS MS 38753 City State Zip Code Telephone No. 200 - 8064 Au Mu
City State Zip Code Telephone No. 299 - 8064 Zip Code Pump Type (circle one) Of
Telephone No. 299-8064 2.8 Miles 5 of Image: Margin of the second seco
Pump Type (circle one)
Submersible Jurbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe)
Date Pump Installed: Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement
Power Type (circle one) Electric friese 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:
20
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute
Method of measurement (<i>circle one</i>): Steel tape Electric tape Air line Other (<i>describe</i>): Pump Test Data for Flowing Well
Measured shut in head:feet.
Well yielded GPM with a drawdown of feet afterhours 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 (<i>circle one</i>): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacture Randards. 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.
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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