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DEC 15 2015
BY: OLWR

County: Holmes
Permit #: # MS-GW-49173
Driller: Tommy Peacock Sr
Date drilling completed: 12-8-15

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 #: G-72
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: Horseshoe Plantation PTR
Mailing Address: P.O. Box 189
Winnsboro, LA 71295
City State Zip Code
Telephone No. (____) _____

Well or Borehole Location

Latitude: N33° 14' 15 Longitude: W90° 17' 18
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS ✓, Survey-grade GPS ____
~~SW~~ NW ¼ ~~NE~~ ¼, Sec 22 T 16N R 01W
6 Miles (*Distance*) S (*Direction*) of Crueger (*Nearest Town*)

Well / Borehole Data

Date drilling started: 12-8-15 Date drilling completed: 12-8-15 Hole depth: 107' 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: 26' feet [above or below] (*circle one*) land surface Date measured: 12-8-15
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*): ____
Well depth: 107' Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix
Casing length: 67 feet Casing diameter: 16" inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC
Screen slot size: .032 inches Setting depth: From 67 feet to 107 feet
Type of completion (*circle all applicable*): (Gravel packed) Underreamed Open hole Natural Development
Other (*describe*): ____

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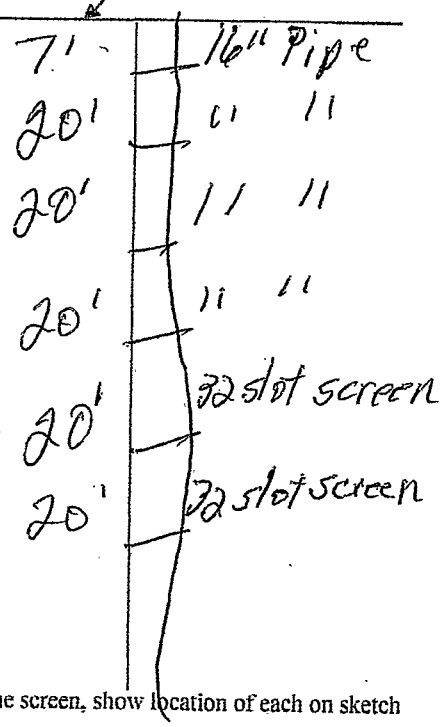
The sketch below only required for water wells

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)
	Ground level	
Top soil	0	1.5
fine sand	16	45
med sand	26	75
coarse sand + gravel	76	107

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: Horseshoe Plantation PTR

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.

STATE WELL REPORT

County: HOLMES
Permit #: GW-49173
Driller: TOMMY PEACOCK SR
Date completed: 12-8-15
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 #: G72
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: RONNIE MOSS FARMS
Mailing Address: 1309 ROBERT E LEE DR
GREENWOOD (City) MS (State) 38930 (Zip Code)
Telephone No. 662 475-0503

Well Location

Latitude 33° 14' 15" Longitude: 90° 17' 18"
Method of Lat/Long (*check one*): Conventional Survey_____, USGS quad_____, Hand-held GPS____, Survey-grade GPS____
SW SE ¼ NE NW ¼, Sec 22 T 16N R 01W
6 1/2 Miles (*Distance*) SSW (*Direction*) of CRUGER (*Nearest Town*)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 1-8-16 Rated Pump Capacity: 900 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: 60 feet Number of Stages: 3

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: _____ 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.*

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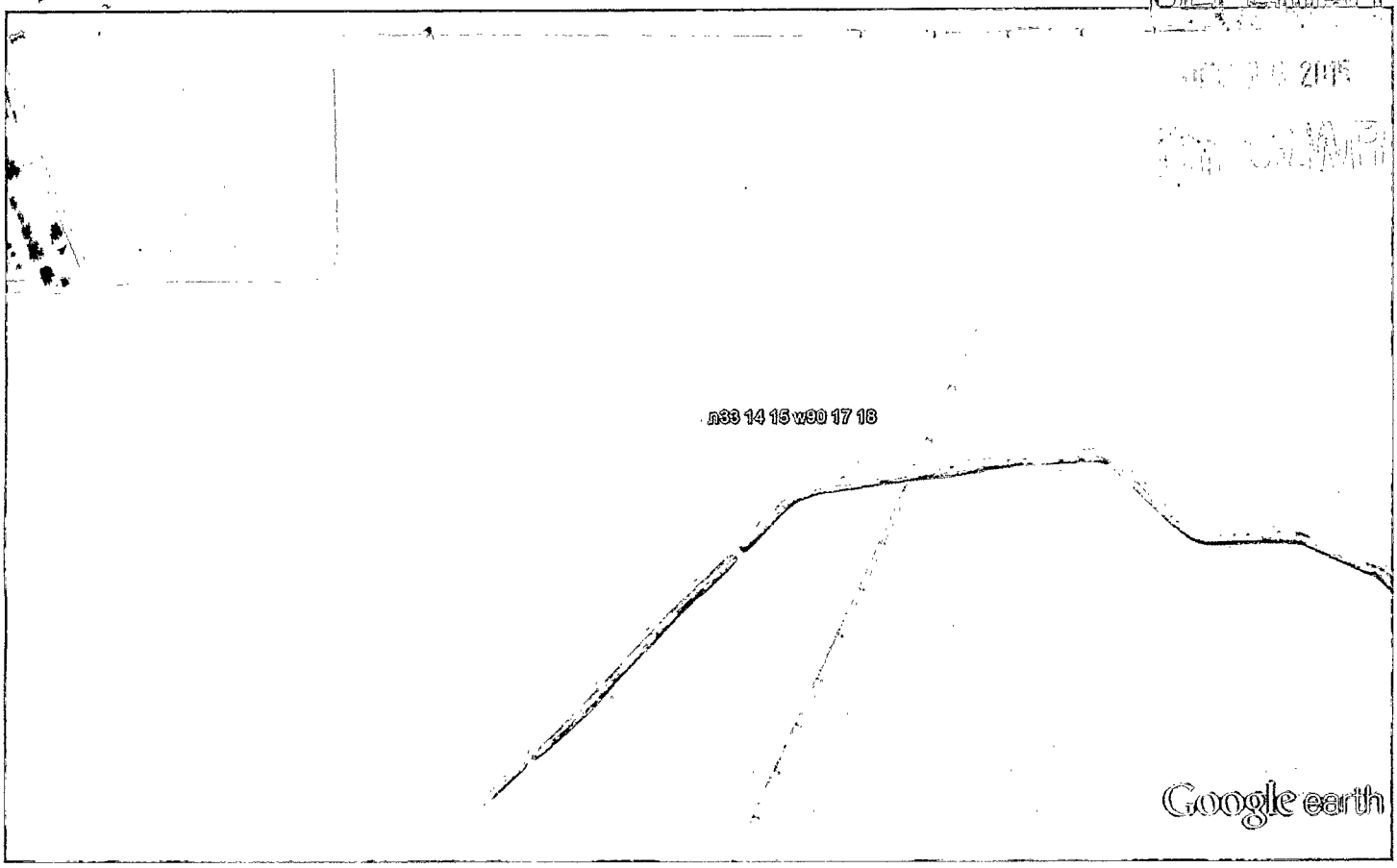
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT O-752P — Print Name of Pump Installer and License No. (*if applicable*)
1-26-16 — Date
Signature of Pump Installer

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

15-0985

G72



Google earth

feet 1000
meters 500

G12 RECEIVED

Ronnie Mas DEC 15 2015

Doc # 15-095 BY: OLWR

STATE OF MISSISSIPPI

Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq.(1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-49173

Landowner Name: HORSESHOE PLANTATION PTR
Landowner Address: PO BOX 189
WINNSBORO LA 71295

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NE 1/4 **Section:** 22 **Township:** 16N **Range:** 01W

County: HOLMES **Quad:** MARCELLA

Maximum Volume: 150 Acre-Feet/Year *equivalent to* .1339 Million Gallons/Day
Maximum Rate: 800 Gallons/Minute

Applicant Name: HORSESHOE PLANTATION PTR
Applicant Address: PO BOX 189
WINNSBORO LA 71295

Date Permit Issued: 11/11/2015
Date Permit Expires: 11/11/2020
Date Permit Modified:
Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:

Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality