

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)

County: <u>Humphreys</u>
Permit #: <u>GW-51285</u>
Driller: <u>CHAD MATTOX</u>
Date drilling completed: <u>11/14/20</u>

For Office Use Only:
Well #: <u>5170</u>
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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>PH & LF Properties</u></p> <p>Mailing Address: <u>PO Box 130</u></p> <hr/> <p><u>Silver City</u> <u>MS</u> <u>39166</u> City State Zip Code</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>33-4-16</u> Longitude: <u>90-30-40</u> <u>33.070736</u> <u>-90.509942</u></p> <p>Method of Lat/Long (check one): Conventional Survey <input type="radio"/>, USGS quad <input type="radio"/>, Hand-held GPS <input type="radio"/>, Survey-grade GPS <input type="radio"/></p> <p><u>SW</u> <input type="radio"/> <u>SE</u> <input type="radio"/> <u>1/4</u>, Sec <u>09</u> T <u>14N</u> R <u>03W</u></p> <p>_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data	
Date drilling started: <u>11/14/20</u>	Date drilling completed: <u>11/14/20</u> Hole depth: <u>115</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet <input type="radio"/> above / <input checked="" type="radio"/> below land surface Date measured: <u>11/16/20</u> <i>(select one)</i>	RECEIVED FEB 10 2021 BY OLWR
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____	
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>115</u> feet to <u>75</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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 or lake level elevation (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-51285 **Total Permitted Acreage:** 140

Landowner Name: P H & L F PROPERTIES LP
Landowner Address: PO BOX 130
SILVER CITY, MS 39166

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the SE 1/4 **Section:** 09 **Township:** 14N **Range:** 03W

County: HUMPHREYS **Quad:** MIDNIGHT

Permitted Acreage: **Irrigation:** 140 **Fish Culture:** 0 **Wildlife Management:** 0

Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: PEBOCA HAIRSTON PARTNERSHIP
Applicant Address: PO BOX 130
SILVER CITY, MS 39166

Date Permit Issued: 09/14/2020

Date Permit Expires: 09/14/2025

Date Permit Modified:

Date Permit Reissued:

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

SPECIAL TERMS AND CONDITIONS 1:

See Attachment I which is hereby declared part of this permit.

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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)

County: <u>Humphreys</u>
Permit #: <u>GW-51285</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>11/16/20</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>J 170</u>
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	Well Location
Owner Name: <u>PH & LF Properties</u>	Latitude: <u>33-4-16</u> Longitude: <u>90-30-40</u>
Mailing Address: <u>PO Box 130</u>	Method of Lat/Long (select one): <u>Conventional Survey</u> <input checked="" type="radio"/>
<u>Silver City</u> MS <u>39166</u>	USGS quad <u>SW 1</u> <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SW 1</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>09</u> T <u>14N</u> R <u>03W</u>
Telephone No. (____) _____	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)	
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____	
Date Pump Installed: <u>11/13/20</u>	Rated Pump Capacity: <u>2500</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
Power Type (select one)	
<input checked="" type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>25</u> 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 (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
Chad H. Mattox	UNR-8243
Print Name of Pump Installer and License No. (if applicable)	Date <u>2/3/21</u>
	Signature of Pump Installer <u>Chad Mattox</u>

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