

STATE WELL REPORT

Part 1

112

For Office Use Only:

Well #: C 193

Aquifer: _____

E-Log #: _____

County: LeFlore

Permit #: 50720

Driller: Jallen Williams

Date drilling completed: June 15 19

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)

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) and Well or Borehole Location. Includes fields for Owner Name (Pecan Farms LLC), Mailing Address (1427 S. Main St, Greenville MS 38701), Latitude (33.641389), Longitude (-90.444167), and Method of Lat/Long (Conventional Survey).

Well / Borehole Data. Includes fields for Date drilling started (July 15, 19), Date drilling completed (July 15, 19), Hole depth (117), Hole diameter (26), Location of the source of any surface water used for drilling (Newby Well), Method of dosing and volume of Chlorine used in drilling and development, Logs run (No log run, Electric, Gamma Ray, Density, Sonic, Neutron, Other), Name of organization running log(s), Purpose of borehole (Water Well, Geotechnical/Geological Investigation, Ground Source Heat Pump, Seismic Survey, Other).

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home, Industrial, Public Supply, Irrigation, Fish Culture, Other. Includes fields for If a flowing well, method of flow regulation (Valve, Other), Static Water Level (48 feet), Method of Measurement (Steel tape, Electric tape, Air line, Other), Well depth (117), Well grouted to a depth of (20), Type of grout (Neat Cement, Bentonite, Mix), Casing length (77), Casing diameter (16), Type of casing (PVC), Screen length (40), Screen diameter (16), Type of screen (PVC), Screen slot size (5/2), Setting depth (77 to 117), Type of completion (Gravel packed, Underreamed, Open hole, Natural Development, Other), Top of lap pipe or reduction in casing.

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

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

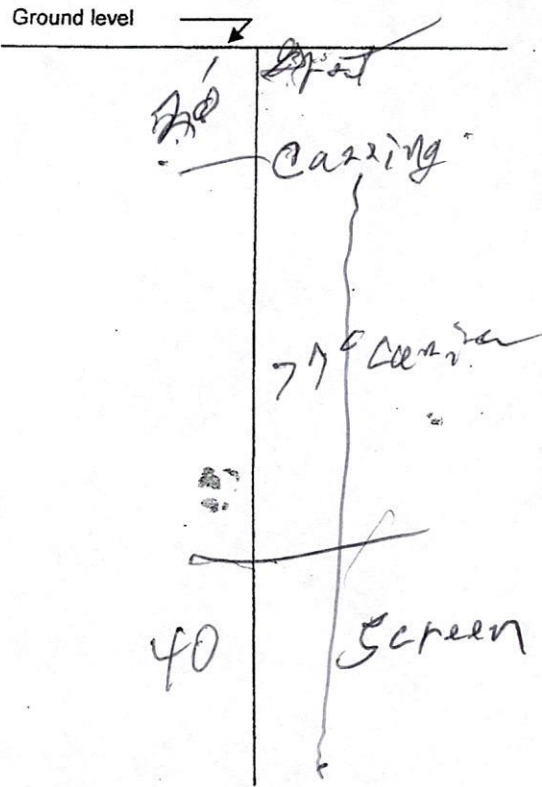
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County: Leflore
 Permit #: 50720

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths 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'
Light sand	35'	80'
Sand & gravel gravel	80'	117'

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

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Landowner Name: Pearl Farming Co

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.

Print Name of Responsible Licensee and License No. Stacy Book Date 11-20-19 Signature of Licensee Stacy Book

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

County: W. Pearl River
 Permit #: 50920
 Driller: Gallen Williams
 Date drilling completed: 8-20
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)

Well #: C 193
 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>Pecan Farms Inc</u>	Latitude: <u>33.641389</u> Longitude: <u>-90.444167</u>
Mailing Address: <u>1427 Se Main St 735</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Greenville</u> <u>MS</u> <u>38701</u>	<u>NE 1/4 SW 1/4, Sec 31 T 21 R 02W</u>
City State Zip code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. () - _____	

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed June 20 19 Rated Pump Capacity: 1800 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 50 Setting Depth: 80 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 48 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 (check 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 (check 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.

Gallen Williams 249 11-20 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

662
943 1222
51 mdy 100 K

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-50720 **Total Permitted Acreage:** 62

Landowner Name: PECAN FARM INC
Landowner Address: 1427 SOUTH MAIN STREET STE 135
GREENVILLE, MS 38701

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SW 1/4 **Section:** 31 **Township:** 21N **Range:** 02W

County: LEFLORE **Quad:** RATTLESNAKE BAYOU

Permitted Acreage: Irrigation: 62 **Fish Culture:** 0 **Wildlife Management:** 0

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

Applicant Name: LUBIN FARMS
Applicant Address: 2036 HIGHWAY 442 EAST
DODDSVILLE, MS 38736

Date Permit Issued: 06/14/2019

Date Permit Expires: 06/14/2024

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.

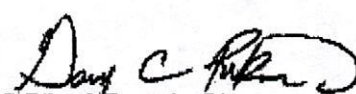
SPECIAL TERMS AND CONDITIONS 1:

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): GW-10796

SPECIAL TERMS AND CONDITIONS 2:

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

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