

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: Leflore
 Permit #: GW-48150
 Driller: CHAD MATTOX
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: D 219
 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>Buckhorn Farms Partners</u>	Latitude: <u>33-41-20</u> Longitude: <u>90-20-6</u>
Mailing Address: <u>71657 CR 518</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>Greenwood</u> MS <u>38930</u>	<u>NE</u> ^{SE} <u>1/4</u> ^{NE} <u>1/4</u> , Sec <u>30</u> ¹⁸ T <u>21</u> N R <u>001</u> W
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Schlater</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 6/25/2019 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

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

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 20 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): 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): _____

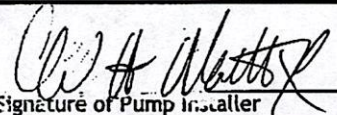
Installation Date: _____ Meter installed by: _____

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.

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


 Signature of Pump Installer

STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT
TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

General Permit: MRVA-002
Certificate Number: MS-GW-48150
Total Permitted Acreage: 80

Landowner Name: BUCKHORN FARMS PARTNERS
Landowner Address: 71657 COUNTY ROAD 518
GREENWOOD, MS 38930

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 30 Township: 21N Range: 01W
County: LEFLORE **Quadrangle:** SCHLATER

Permitted Acreage: Irrigation: 80 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: ASHLAND PLANTATION
Applicant Address: PO BOX 9
SCHLATER, MS 38952

Date Original Permit Issued: 04/21/2014
Date Coverage Expires: 05/08/2024
Date Coverage Modified:
Date Coverage Granted: 05/08/2019

SPECIAL TERMS AND CONDITIONS 1:

SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

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