STATE WELL REPORT

Date drilling completed:

Part 1

Driller's LogMississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5555

(601)961-5228 (fax)

	Office Use Only:
Aquifer:	
E-Log #:	

Well or Borehole Location

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)	Well or Borehole Location Latitude: 33 34 39 Longitude: 90 1924			
Owner Name: Brown Farms				
Mailing Address: PO BX 9	Method of Lat/Long (check one): Conventional Survey,			
Address:	USGS quad, Hang-held GPS, Survey-grade GPS			
Schleter MS 38952	NE 1/4 SW 1/4, Sec 08 TAON ROLLY			
City State Zip Code	2 Miles 5E of Schlater			
Telephone No. (662) 458-5456	(Distance) (Direction) (Nearest Town)			
, Well / E	Borehole Data			
Date drilling started: 2/1/18 Date drilling completed	$\frac{21118}{12}$ Hole depth: $\frac{115}{12}$ Hole diameter: $\frac{34}{12}$			
Location of the source of any surface water used for drilli	1			
	and development:			
Logs run (check <i>all applicable</i>): Og run Electric am	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geological InvestigationGround 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 (check 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: 30feet Dabove or below] land surface Date measured: 2/3//8 (check one)				
Method of measurement (check one) Steel tape Electric tape Air line other (describe):				
Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix				
Casing length: 75 feet Casing diameter: ich inches Type of casing: 700				
Screen length: 40 feet Screen diameter: 16 inches Type of screen:				
Screen slot size: 1032 inches Setting depth: From 75 feet to 115 feet				
Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page				

For Office Use Only: Well #:	County: Leftone]	For Office Use	Only:
The sketch below only required for water wells Twell telescopes, show depths on sketch. Tound Level Description of formations encountered must be provided for all we and boreholes, unless specifically exempted by regulations. Description of Formations Encountered From (depth) To (depth) From Stand Surry Sund Sund Surry Sund Surry Sund Surry Sund Sund Surry Sund Sund Sund Surry Sund	Permit #: MS-CW-50162	Well #	: _ G17	2
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4) NOTER ATTOM	3) any roads, power lines, or other items that may aid	I in locating the property and the well		
	4) north arrow			

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. Date Signature of Licensee

Form: Ol WR.

Landowner Name:

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

STATE WELL REPORT Part 2 County: <u>Le</u> Permit #: M5-6w-50/62

Date completed:

Copy information from block on Part 1

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 #:	0836172	
Aquifer:		

ontractor or a licensed nump installer. A copy of Part 1

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L	Department at the above address within 30 days of well completion.			
Well Owner Information	25 4.57 Well Location			
Owner Name: Brown Florms	Latitude: Longitude: 90/924			
Mailing Address: PoBox 9	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPSSurvey-grade GPS			
Schliefer M5 38452 State Zip Code	NE 14 5W 14, Sec 08 T 20N R 01 W			
eley	Miles of (Distance) (Direction) (Nearest Town)			
Telephone No. (<u>L44</u>) <u>438-5456</u>	(Distance) (Direction) (Nearest Town)			
Pump Ty	rpe (check one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	□Jet□Piston□Rotary□bther (describe):			
Date Pump Installed: 2/3//2	Rated Pump Capacity: <u>2500</u> Gallons Per Minute			
15 This Pump (check one): New Repaired Replaceme				
Power Ty	ype (check <i>one</i>)			
Electric Diesel Gasoline Natural Gas ☐ Tractor PTO ☐ Wi	ndmill Other (describe):			
Horse Power Rating of Motor: 60 Setting Dep				
	a for Non Flowing Well			
Pump rest bate	Duration of Pump Test (minimum 4 hours):hours			
Date Well Tested:	Rumping Water Level (B): 44) Feet Below Land Surface			
Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 40 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):ata for Flowing Well			
	ata for Flowing Well			
Measured shut in head:feet.	have of aumaina			
Well yieldedGPM with a drawdown of	feet afternours or pumping			
	r Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
"otalizer Register Unit and Multiplier Factor (AF x .001, g				
Installation Date: Meter installed by	:			
to 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.				
I HEREBY CERTIFY that the above statements are true to				
Challe Miller une 8243 Blille Class Mark				
Print Name of Pump Installer and License No. (if applicab	le) Date Signature of Pump Installer			

Form: OLWR-SWR-2A (4/13)



P. O. Box 129 Stoneville, MS 38776

Tel: (662) 586-7712 Fax: (662) 686-9078 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

September 19, 2017

The Brown Farms PO Box 9 Schlater MS 38952

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50162

which will be replacing GW-07138 located at

Location: NE 1/4 of the SW 1/4 Section 08 Township 20N Range 01W County Leflore

Latitude: 33 36 39 Longitude 90 19 24

Dear The Brown Farms:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

If you have any questions, please call YMD at 662-686-7712.

Sincerely.

Dillard Melton, Jr.

Mull Mutto

Permitting Director



P. O. Box 129 Stoneville, MS 38776 Tel.: (662) 686-7712 Fax: (662) 686-9078

www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

Replacement well requirements

11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.I.

- F. Replacement Wells A replacement well may be drilled to replace a properly authorized well that has become unusable.
 - (1) Qualifications To qualify as a replacement well for any use other than irrigation, aquaculture, or wildlife enhancement the new well must meet all of the requirements set forth in paragraphs a. through d. below. Any proposed well not meeting these requirements will be treated as a new well, and the required application will be processed accordingly. Replacement wells for irrigation, aquaculture, or wildlife enhancement need only meet the requirements set forth in 24 paragraphs (a) through (c)below provided the water will be applied to the same field or pond served by the original well.
 - (a) Will replace a well that will be properly plugged and abandoned within 180 days of completion of the replacement well, unless used by MDEQ for data collection in accordance with paragraph 3 below; and
 - (b) Will withdraw water from the same water-bearing formation as the old well; and (c) Will supply water for the same beneficial use as the old well