

**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
(601)961- 5210
(601)961- 5228 (fax)

County: Leflore
 Permit #: MS GW 50186
 Driller: Chad McRae
 Date drilling completed: 11/7/17

For Office Use Only:

Aquifer: _____
 Well #: M153
 L. S. Elevation: _____
 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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Pillow Bros Farms</u>	Latitude: <u>33° 25' 19"</u> Longitude: <u>90° 23' 08"</u>
Mailing Address: <u>P.O. Box 10269</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood MS 38930</u>	<u>SE 1/4 SE 1/4 Sec 15 Twn 18N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 299-6214</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 11/7/17 Date drilling completed: 11/7/17 Hole depth: 116 Hole diameter: 26

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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check 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 (check one): Home ___ Industrial ___ Public Supply ___ Irrigation X Fish Culture ___ Other: _____

If a flowing well, method of flow regulation: Valve ___ Other (describe) _____

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 11/15/17

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1.032 inches Setting depth: From 76 feet to 116 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

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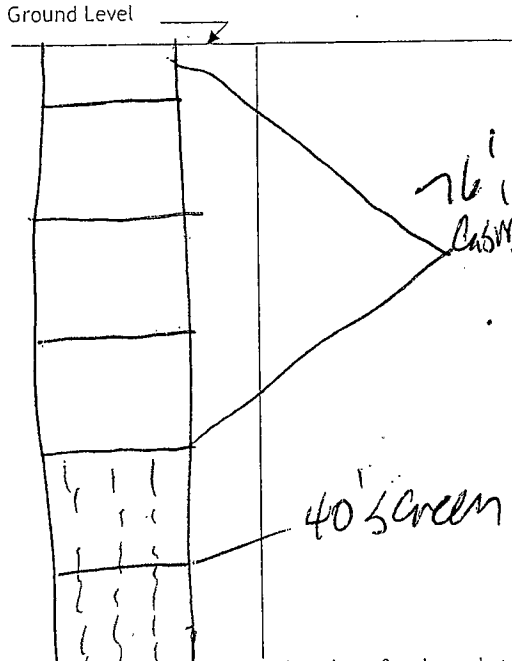
County: Leflore
 Permit #: MSCW 56/86

pillion farm

For Office Use Only:
 Well #: M153

*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	15
clay/sand	16	25
light sand	26	35
light sand	36	45
light sand	46	55
light sand	56	65
light sand/clay/heavy sand	76	75
heavy sand/clay/light sand	86	85
light sand/clay/light sand	96	95
light sand/heavy sand	106	115

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) north arrow

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Landowner Name: _____

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.

Charles Martin
 Print Name of Responsible Licensee and License No.

12/8/17
 Date

[Signature]
 Signature of Licensee

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)

For Office Use Only:

Well #: M153
 Aquifer: _____

County: Leflore
 Permit #: MS LW 50186
 Driller: Chad McPhox
 Date completed: 11/7/17
Copy information from block on Part 1

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>Pillow Bros Farms</u>	Latitude: <u>33-25-19 N</u> Longitude: <u>90-23-8 W</u>
Mailing Address: <u>PO Box 10269</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Greenwood</u> <u>MS</u> <u>38930</u>	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>15</u> T <u>18N</u> R <u>02W</u>
City State Zip Code	<u>10</u> Miles <u>W</u> of <u>Morgan City</u>
Telephone No. <u>(662) 299-6214</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: _____ 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: 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): _____ 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

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Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: _____

Meter Model Number/Name: M0308 Type of Meter: Mechanical

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): _____

Installation Date: 12/1/17 Meter installed by: Triple M Irrigation

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 McPhox WR-8243 12/7/17 Chad McPhox

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer