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State Well Report Part I - 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 50184 ✓
Driller: Chad Mattox
Date drilling completed: 11/8/17

For Office Use Only:
Aquifer: BY OLWR
Well #: M154
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Pillow Brothers Farms</u> Mailing Address: <u>PO Box 10269</u> <u>Greenwood MS 38930</u> City State Zip Code Telephone No. <u>662 299-6214</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 25' 17"</u> Longitude: <u>90° 24' 3"</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS USGS quad: <u>SW 1/4 SW 1/4 Sec 15 16 Twn 18 N Rng 02 W</u> ✓ Distance <u>10</u> Miles Direction <u>W</u> of Nearest Town <u>Morgan City</u></p>
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Well / Borehole Data

Date drilling started: 11/8/17 Date drilling completed: 11/8/17 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 ___ Fish Culture ___ Other: _____

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

Static Water Level: 40 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: 1032 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*

County: Hellbore
 Permit #: Mrs. BW 50194

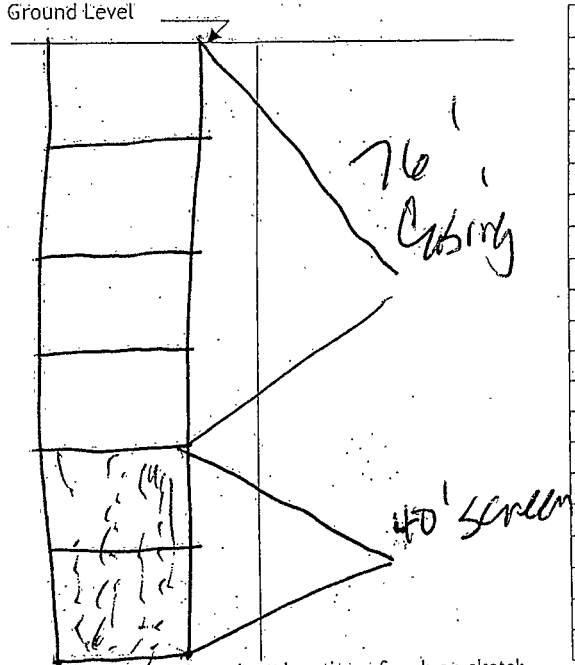
Allow

For Office Use Only:
 Well #: MISA

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay/Loam	Ground level	15
Fine Sand	15	33
Sand	33	35
Sand	35	43
Heavy Sand	43	53
"	53	63
Sand/Gravel	63	73
Sand/Gravel	73	83
Sand/Gravel	83	93
Sand/Gravel	93	103
Gravel/Clay	103	116

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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 BY OLIVER

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.

Chad Mathis UMR 8243 12/7/11
 Print Name of Responsible Licensee and License No. 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 #: M154

Aquifer: _____

County: Leflore
 Permit #: MSGW 50184
 Driller: Chad Mettore
 Date completed: 11/9/17
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>33-25-17</u> Longitude: <u>90-24-3</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>PO Box 10269</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Greenwood MS 38930</u>	<u>5th SE 1/4 5th SE 1/4, Sec 15 16 18th R 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 (check one)

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

Date Pump Installed: 11/6/17 Rated Pump Capacity: 2500 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: 600 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 (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: Mcrometer Meter Serial Number: _____

Meter Model Number/Name: M0310 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 (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 the best of my knowledge.

Chad Mettore UNR-8243 12/8/17 Chad Mettore

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