

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: MISS
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: MS GW 50185
Driller: Chad Mattox
Date drilling completed: 11/9/17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Pillow Bros. Farms</u>	Latitude: <u>33-25-06 N</u> Longitude: <u>90-23-44 W</u>
Mailing Address: <u>Po Box 10269</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood</u> MS <u>38930</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW^{SE} 1/4 SW 1/4, Sec 15 T 18 N R 02 W</u>
Telephone No. <u>(662) 299-6214</u>	<u>10</u> Miles <u>W</u> of <u>Morgan City</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11/9/17 Date drilling completed: 11/9/17 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 (check all applicable): 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 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: 40 feet above or below land surface Date measured: 11/10/17
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 116 Well grouted to a depth of: 10 feet Type of grout (check 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: .032 inches Setting depth: From 76 feet to 116 feet

Type of completion (check all applicable) gravel 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

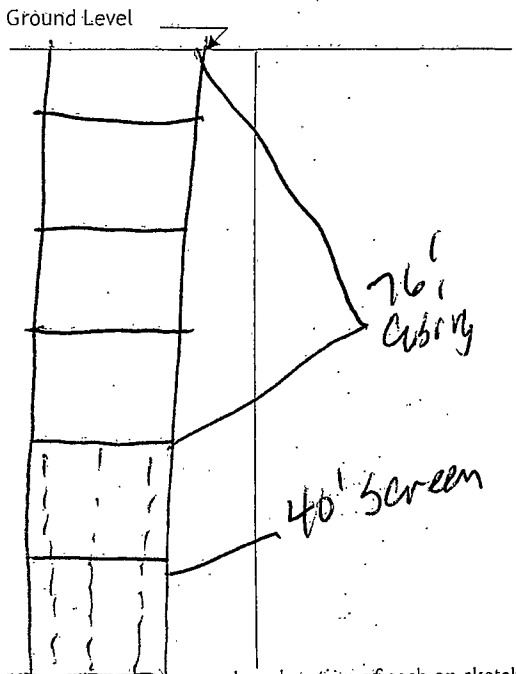
County: Leflore
 Permit #: MS GW 50185

P. H. J. W. Form

For Office Use Only:
 Well #: M155

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	16	25
Clay/Fine Sand	26	35
Fine Sand coarse sand	36	45
COARSE SAND SOFT	46	55
COARSE SAND/HEAVY	56	65
heavy sand	66	75
heavy sand	76	85
heavy sand ROLLS	86	95
heavy gravel / ROCKS	96	105
	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.

Chad Mattox WR 8243 12/9/17
 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 #: MISS
Aquifer:

County: Leflore
Permit #: MS GW 50185
Driller: Chad Mettler
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: Owner Name: P. Howard Bros. Farms, Mailing Address: PO Box 10269, Greenwood MS 38930, Telephone No. (662) 299-6214. Well Location: Latitude: 33-25-06N, Longitude: 90-23-44W, Method of Lat/Long: Conventional Survey, USGS quad: SW SE SW 1/4, Sec 15, T 18N, R 02W, 10 Miles W of Morgan City.

Pump Type (check one): Submersible, Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other. Date Pump Installed: 11/5/17, 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. Horse Power Rating of Motor: 40, Setting Depth: 20 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.

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: , 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Chad Mettler, License No. 1118-8243, Date 11/9/17, Signature of Pump Installer.