County:	Lefiore	
Permit #:	GW-48710	1
Driller:	Irrigation Equipment Inc.	
Date drilling completed: 04/2		04/28/2015

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 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	Office Use Only:
Well#:	0 86
Aquifer:	
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 com	pletion of drilling of the well or borehole.
Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name: Bright Farms	Latitude: 33 23 22.3 N Longitude: 90 12 19.8 W
Mailing Address: P.O. Box 98	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Sidon Ms 38954	SW 1/4 SW 1/4, Sec 28 T 18 N R 1 E
City State Zip code	
Telephone No	1 Miles South of Sidon (Nearest Town)
Well / Bo	rehole Data
Date drilling started: 04/28/2015 Date drilling completed: _	04/28/2015 Hole depth: 115' Hole diameter: 24"
Location of the source of any surface water used for drilling:	Surface Water
Method of dosing and volume of Chlorine used in drilling and dev	
Logs run (check all applicable): $igtimes$ No log run $igcap$ Electric $igcap$ Gam	ma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗍 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotecl	nnical/Geological Investigation
, ,	
·	Other (describe)
If drilling is not related to water well con	nstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ F	Public Supply ☑ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 14' feet [□ above or ☑ below	bw] land surface Date measured: 04/30/2015
(check one)	
Method of Measurement (check one) ⊠ Steel tape ☐ Electric tage	pe [] Air line [] Other: (describe)
Well depth: 115' Well grouted to a depth of: 10' fee	et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 75' feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 16	
Screen slot size: .050 inches Setting depth	From <u>72</u> feet to <u>111</u> feet
Type of completion (check all applicable). ☑ Gravel packed 🛭 ኒ	Underreamed ☐ Open hole ☐ Natural Development
	\$20 per 20 per 10 per
	* * * * * * * * * * * * * * * * * * *
Top of lap pipe or reduction in casing: Feet	10 mm 1 m
If telescoped or more than or	me screen, describe on next page Form: OLWR_SWR-1A.(4/13),

Pama marrida di bir Pama Anii 8 Minte 1044 040 0400 Pama Anii Anii Anii

BA. OTMB

			For Office Use	Only:
ounty: Leflore			well#: CSU	
-			Weil#: CAU	
ermit #: GW-4871	0			
e sketch below only req	usined for water wells	Description of formations enco	untared weret he provided for a	II walle
		and boreholes, unless specifications		u weus
well telescopes, show de	epths on sketch.			
round level —		Description of Formations En	countered From (depth) Ground level	To (depth)
	<u> </u>	Clay		21
		Fine Sand	22	32
		Fine Sand & Gravel	33	49
		Medium Sand & Grave		111
		Fine Sand	112	115
	İ			
				
more than one screen	n, show location of each on sketch	L	<u> </u>	J
ketch the property l	ayout and include the following:			
1) the well locat	ion nt structures on the property that m	av aid in locating the well		
3) any roads, po	ower lines, or other items that may a	id in locating the wen	well	
4) a north arrow		g p. sp, aa		
				į
				1
andauman Massa.	Bright Farms			
andowner Name:	Dilyik Failis			
		~	Form: OLWR-S	SWR-1A (04/08)
HEREBY CERTIFY	that the well/borehole was drilled, of	constructed, and completed in acco	ordance with all applicable	000
equirements of the Napplicable, and state	Mississippi Department of Environm	ental Quality and the Mississippi L	Health regulati	uris,
applicable, and state atrick Chism	0695	05/26/2015		guest in grave or a sea
	onsible Licensee and License No.	Date	Signature of Licensee	EUEIVI
			Form: OLWR-S	WR-1A (4/13)

County: Leflore Permit #: GW-48710 **Driller:** Irrigation Equipment Inc. Date drilling completed: 04/28/2015

Copy information from block on Part 1

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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

For Office Use Only:		
Well #:	<u>C</u>	34
Aquifer:		

(60)) 360-0535 (fax)		
This part of the report must be completed by a licensed water w	vell contractor or a licensed pump installer. A copy of Part 1		
	partment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Bright Farms	Latitude: 33 23' 22.3 N Longitude: 90 12' 19.8 W		
Mailing Address: P.O. box 98	Method of Lat/Long (check one): Conventional Survey,		
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS		
Sidon Ms 38954	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>28</u> T <u>18 N</u> R <u>1 E</u>		
City State Zip code	4 Couth c Cidon		
Telephone No. () -	1 Miles South of Sidon (Nearest Town)		
•	ype (check one)		
☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing	Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe):		
Date Pump Installed 04/30/2015	Rated Pump Capacity: Gallons Per Minute		
Is This Pump (check one): New □ Repaired □ Replaceme	ent		
Power I	ype (check one)		
☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PT	O 🗌 Windmill 🔲 Other (describe):		
Horse Power Rating of Motor: 40 Setting Depti	n: 60' feet Number of Stages: 1		
Pump Test Date	a for Non Flowing Well		
Date Well Tested:	Duration of Pump Test (minimum 4 hours): Hours		
Static Water Level (A): Feet Below Land Surface	e Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]: Feet Below Land Su	rface Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): ☐ Steel tape ☐ Electric	tape Air line Other (describe):		
Pump Test D	ata for Flowing Well		
Measured shut in head: Feet	•		
Well yielded GPM with a drawdown of	feet after hours of pumping		
Mete	r Installation		
Meter Manufacturer:	Meter Serial Number:		
Meter Model Number/Name:	Type of Meter:		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1	000, etc):		
-			
Is This Meter (check one): ☐ New ☐ Repaired ☐ Replaceme			
Important: By submitting the above information you are of For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.		
, , , , , ,	<u> </u>		
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.		
Detrick Chiem 0505	05/26/2015		
Print Name of Pump Installer and License No. (if applicable)			
. The Harris of Camp morallor and Elsense No. (# approache)	Form: OLWR-5WR-1B (4/13		