County:	Leflore	
Permit #:	GW-48668	1
		uipment Inc.
	ing completed:	04/27/2015

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#:	088
Aquifer:	
E-Log #:	

the lieuwee helde A Glad with the

Department at the above address within 30 days of co Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: MSU Foundation Inc.	Latitude: 33 25' 27.6 N Longitude: 90 12' 35.7 W
Mailing Address: P.O. Box 1720	Method of Lat/Long (check one): ☐ Conventional Survey,
	☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
O. W	SE 1/4 NE 1/4, Sec 17 T 18 N R 1 E
ColliervilleTn38027CityStateZip code	SE % NE %, Sec 17 1 10 10 K 1 E
Telephone No. () -	1 Miles North of Sidon (Direction) (Nearest Town)
Well / I	Borehole Data
	t: 04/27/2015 Hole depth: 127' 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 d	development: 50 PPM
_ogs run (check all applicable): ☑ No log run ☐ Electric ☐ G	amma Ray 🔲 Density 🔲 Sonic 🔲 Neutron 🔲 Other:
Name of organization running log(s):	
_	
Purpose of borehole (check one): 🛛 Water Well 🔠 Geote	echnical/Geological Investigation
	echnical/Geological Investigation Ground Source Heat Pump
☐ Seismic Survey	Other (describe)
☐ Seismic Survey [Other (describe)construction, skip the remainder of this block
☐ Seismic Survey [If drilling is not related to water well of the property	Other (describe)construction, skip the remainder of this block
☐ Seismic Survey [Other (describe)construction, skip the remainder of this block
☐ Seismic Survey [If drilling is not related to water well of the property	☐ Other (describe) construction, skip the remainder of this block ☐ Public Supply ☑ Irrigation ☐ Fish Culture
☐ Seismic Survey If drilling is not related to water well of Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ ☐ Other (describe): If a flowing well, method of flow regulation: Valve Static Water Level: 18' feet [☐ above or ☒ be	Other (describe) construction, skip the remainder of this block Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) celow] land surface Date measured: 04/27/2015
☐ Seismic Survey ☐ If drilling is not related to water well of Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ ☐ Other (describe): If a flowing well, method of flow regulation: Valve	☐ Other (describe) construction, skip the remainder of this block ☐ Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) celow] land surface Date measured: 04/27/2015
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Seismic Survey If drilling is not related to water well of Purpose of Well (check all applicable): Home Industrial Purpose of Well (check all applicable): Home Industrial	Other (describe) construction, skip the remainder of this block Public Supply Irrigation Fish Culture Other (describe) elow] land surface Date measured: 04/27/2015 tape Air line Other: (describe) feet Type of grout (check one): Neat Cement Bentonite Minimum of the product of the produc
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Seismic Survey If drilling is not related to water well of Purpose of Well (check all applicable): Home Industrial Purpose of Well (check all applicable): Home Industrial	Other (describe) construction, skip the remainder of this block Public Supply Irrigation Fish Culture Other (describe) elow] land surface Date measured: 04/27/2015 tape Air line Other: (describe) feet Type of grout (check one): Neat Cement Bentonite Minimum of the product of the produc

The sketch below only required for water wells It well beleespees, then deaths are sketch. Description of Formations Encountered From (depth) To (depth)	County: Leflore Permit #: GW-48668			For well #:	Office Use (Only:
It well telescopers, show deaths on sketch Description of Formations Encountered by recolutions To (depth) To (dep	The sketch below only requ	ired for water wells	Description of formations end	countered must	be provided for a	l w <u>ells</u>
Ground level Description of Formations Encountered From (eight) To (depth) Fine Sand 22 47 Fine Sand & Gravel 48 62 Medium Sand & Gravel 63 127 Medium Sand & Gravel 63 127 If more than one screen, show location of each on sketch Sketch the property layout and include the following: 1) the well location 1) the well location of sand the property that may aid in locating the well 2) any roads, power lines, or other items that may aid in locating the property and the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) a north arrow RECEIVED RECEIVED BY: OLW 54 Form: OLWR-SWR-1A (04/08) 16 applicable, and state laws. Patrick Chism 0685 05/22/2015			and boreholes, unless specific	ally exempted	by regulations	
Clay Ground level 21 Fine Sand 22 47 Fine Sand & Gravel 48 62 Medium Sand & Gravel 63 127	If well telescopes, snow aep	ths on sketch.	Description of Formations F	ncountered	From (denth)	To (denth)
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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) a north arrow RECEIVED Landowner Name: MSU Foundation Inc. BY: OLWE Form: OLWR-SWR-1A (04/08) 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. Patrick Chism 0695 05/22/2015	If more than one screen,	show location of each on sketch			-	
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	requirements of the Mis if applicable, and state	ssissippi Department of Environmer laws.	ntal Quality and the Mississippi	Department of	all applicable	, ,
FURNISHMEN OF THE POPULATION O						<u></u>

Signature of Licensee Form: OLWR-SWR-1A (4/13)

County:	Leflore	
	GW-48668	
	Irrigation Eq	
	ing completed:	04/27/2015

Copy information from block on Part 1

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 #:	088
Aquifer:	

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 Location Well Owner Information** Owner Name: MSU Foundation Inc. Latitude: 33 25' 27.6 N Longitude: 90 12' 35.7 W Mailing Address: P.O. Box 1720 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS Tn 38027 SE 1/4 NE 1/4, Sec 17 T 18 N R 1 E Collierville State City Zip code North Sidon Telephone No. (Direction) (Nearest Town) (Distance) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 04/27/2015 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): Setting Depth: 70' Horse Power Rating of Motor: 60 feet Number of Stages: 1 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Hours Date Well Tested: 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 GPM with a drawdown of ______ feet after ____ hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: _____ Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by:

Important: By submitting the above information you are certify For agricultural wells, a list of approv	ying that this meter was ved meters is on the MI	s installed to manufacturer standards. DEQ website.
HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Patrick Chism 0695	05/22/2015	too
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump state! \
		Form: OLWR-SWR-1B (4/13)

Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacement