

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

For Office Use Only:

Well #: 083096
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: MS-GW-50057
Driller: Chad McPherson
Date drilling completed: 10/25/17

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>Three Oak Farms, LLC</u>	Latitude: <u>33-27-³²44</u> Longitude: <u>90-10-6</u> <u>33.458888</u> <u>90.168333</u>
Mailing Address: _____ <u>106 First Choice Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Madison</u> <u>MS</u> <u>39110</u> City State Zip Code	<u>NE</u> <u>NW</u> <u>SE</u> <u>SW</u> <u>02</u> T <u>18N</u> R <u>01E</u> _____ <u>3</u> Miles <u>E</u> of <u>Rising Sun</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 836-6048</u>	

Well / Borehole Data
Date drilling started: <u>10/25/17</u> Date drilling completed: <u>10/25/17</u> Hole depth: <u>115</u> Hole diameter: <u>22</u>
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): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>15</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1032</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

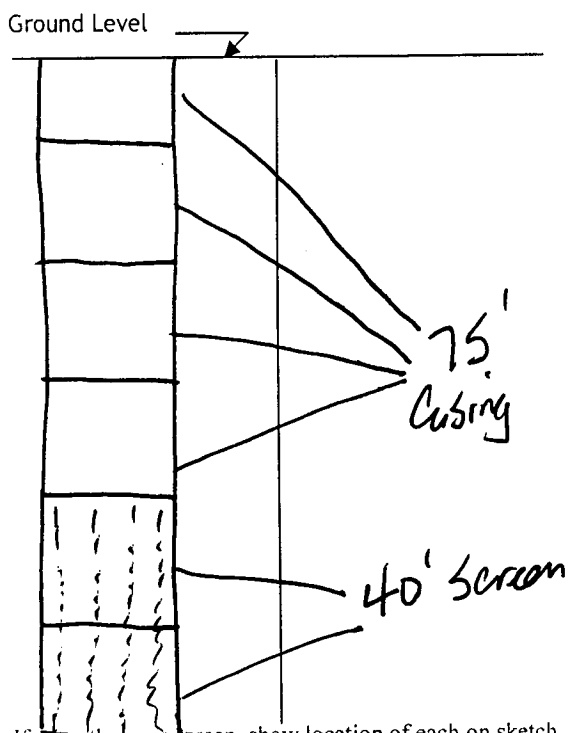
County: LeFlore
 Permit #: MS-GW-50057

For Office Use Only:
 Well #: Q916

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)
Dirt / Fine Sand	Ground level	15
Sand	16	25
Sand	26	35
Course Sand	36	45
	46	55
	56	65
	66	75
	76	85
Course Sand / Gravel	86	95
	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

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 UNR-8243
 Print Name of Responsible Licensee and License No.

12/11/17
 Date

Chad Mattox
 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 #: 496

Aquifer: _____

County: Waltham
Permit #: MS-6W-50057
Driller: Chad McAtox
Date completed: 10/25/17
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>Three Oaks Farms, LLC</u>	Latitude: <u>33-27-³²44</u>	Longitude: <u>90-10-6</u>			
Mailing Address: <u>106 First Choice Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>Madison</u> City	<u>MS</u> State	<u>39110</u> Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. <u>(601) 836-6048</u>	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec. <u>02</u> T. <u>18N</u> R. <u>01E</u>				
	<u>3</u> Miles (Distance)	<u>E</u> (Direction)	of <u>Rising Sun</u> (Nearest Town)		

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10/26/17 Rated Pump Capacity: 1800 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): Propane
Horse Power Rating of Motor: 40 Setting Depth: _____ 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): 15 Feet Below Land Surface Pumping Water Level (B): 24 Feet Below Land Surface
Drawdown [(B) - (A)]: 9 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: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
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 H. McAtox UMR-8243 12/1/18 Chad H. McAtox
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form: OLWR-SWR-2A (4/17)

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

7.96

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-50057

Landowner Name: THREE OAK FARMS LLC

Landowner Address: 106 FIRST CHOICE DRIVE
MADISON MS 39110

Source Of Water: MISSISSIPPI RIVER VALLEY ALLOUVIAL AQUIFER

Beneficial Use: WILDLIFE MANAGEMENT

Diversion/Withdrawal Location: NE 1/4 of the NW 1/4 **Section:** 02 **Township:** 18N **Range:** 01E

County: LEFLORE

Quad: SIDON

Maximum Volume: 80 Acre-Feet/Year *equivalent to* .0714 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: J SARTAIN CONSTRUCTION

Applicant Address: 106 FIRST CHOICE DRIVE
MADISON MS 39110

Date Permit Issued: 06/22/2017

Date Permit Expires: 06/22/2022

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:



Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality