

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 #: G 155
 Aquifer: _____
 E-Log #: _____

County: Quitman
 Permit #: MS-GW-49685
 Driller: Tommy Peacock Sr
 Date drilling completed: 2-10-17

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 (Landowner if borehole is not for a water well) Owner Name: <u>Farmland Reserve INC</u> Mailing Address: <u>79 South Main ST</u> <u>STE 1000</u> <u>Salt Lake City UT 84111</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>N34° 12' 30"</u> Longitude: <u>W90° 23' 17"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW 1/4 SE 1/4, Sec 15 T27N R02W</u> <u>4</u> Miles <u>NE</u> of <u>Clarksdale</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 2-10-17 Date drilling completed: 2-10-17 Hole depth: 115' Hole diameter: 24"

Location of the source of any surface water used for drilling: nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: when filling tank

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running (log(s)): _____

Purpose of borehole (circle 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 (circle 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: 26' feet [above or below] land surface Date measured: 2-10-17
(circle one)

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

Well depth: 115' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1-1032 inches Setting depth: From 75 feet to 115 feet

Type of completion (circle 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

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

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
County: Quitman
Permit # MS-GW-49685

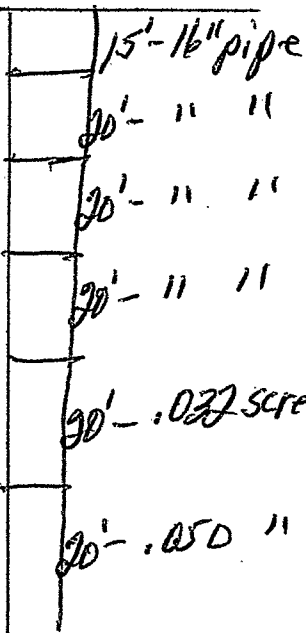
For Office Use Only:
Well #: 6155

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.

Ground Level 



Description of Formations Encountered	From (depth) Ground level	To (depth)
Top soil	0	10
Fine sand	10	50
Med sand	50	75
Coarse sand & gravel	75	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: Farmland Reserve Inc

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.

Tommy Peacock Sr #3409 2-20-17 Tommy Peacock
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

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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
 (601) 360-0535 (fax)

County: QUITMAN
 Permit #: GW-49685 J
 Driller: Tommy Racco Sr
 Date completed: 2-10-17
 Copy information from block on Part 1

For Office Use Only:

Well #: G
 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 Owner Information	Well Location
Owner Name: <u>FARMLAND RESERVE INC</u>	Latitude: <u>34° 12' 30"</u> Longitude: <u>90° 23' 17"</u>
Mailing Address: <u>79 SOUTH MAIN ST</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SALT LAKE CITY, UT 84111</u> City State Zip Code	<u>NW 1/4 SE 1/4, Sec 15 T 27N R 02W</u> 9.5 Miles <u>E</u> of <u>CLARKSDALE</u> (Distance) (Direction) (Nearest Town)
Telephone No. (_____) _____	

Pump Type (circle one)

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

Date Pump Installed: 3-7-17 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 100 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 (circle 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: McCrometer Meter Serial Number: 16-11872

Meter Model Number/Name: M0306 Type of Meter: GROUNDWATER

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 3-7-17 Meter installed by: CIRCLE S IRRIGATION

Is This Meter (circle 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.

DAVID P. HOLT 0-752 P 3-10-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

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