County:	Sunflower		
Permit #:	GW-47571		
Driller:	Driller: Irrigation Equipment		
Date drill	ing completed:	07/15/2013	

# 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	For Office Use Only:		
Veil #:	A85		
Aquifer:			
E-Log #:			

State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp		
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location	
Owner Name: Farmland Management Services	Latitude: 33 54' 03.3 N Longitude: 90 38' 25.4 W	
Mailing Address: 1803 Woodfield Drive	Method of Lat/Long (check one):	
Suite B	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS	
Savoy IL 61874	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>32</u> T <u>24 N</u> R <u>4 W</u>	
City State Zip code Telephone No. ( ) -	5 Miles West of Parchman	
Telephone No	(Distance) (Direction) (Nearest Town)	
Well / Bo	rehole Data	
Date drilling started: 07/15/2013 Date drilling completed:	07/15/2013 Hole depth: 127 Hole diameter: 24"	
Location of the source of any surface water used for drilling:	urface Water	
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM	
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gam	ma Ray 🔲 Density 🔲 Sonic 🔲 Neutron 🔲 Other:	
Name of organization running log(s):		
Purpose of borehole (check one):   Water Well   Geotech	nnical/Geological Investigation	
☐ Seismic Survey	Other (describe)	
If drilling is not related to water well con	nstruction, 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: 45' feet [ above or 🗵 below] land surface Date measured: 07/16/2013		
Method of Measurement (check one) ⊠ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe)		
Well depth: Well grouted to a depth of: feet Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix		
Casing length: 87 feet Casing diameter: 16	inches Type of casing: PVC	
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC	
Screen slot size:050 inches Setting depth:	From <b>88</b> feet to <b>127</b> 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		

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Dept of Environmental Quality

			Fo	r Office Use	Only:
County: Sunflower			Well #:	A 85	<del>-</del>
Permit #: GW-47571				<del></del>	
			•		
The sketch below only required		Description of formations en and boreholes, unless specifi	countered mus cally exempted	t be provided for a	all wells
If well telescopes, show depths of	on sketch.				<b>-</b> // // // .
Ground level		Description of Formations E	ncountered	From (depth) Ground level	
		Fine Sand		19	33
		Fine Sand & Gravel		34	45
		Medium Sand & Grav	vel	46	127
					ļ
		-			
			<del></del>		-
				-	
				<del> </del>	
If more than one screen, sho	l w location of each on sketch				
Sketch the property layou	t and include the following:		·		
1) the well location 2) any permanent str	ructures 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	he well		
4) a north arrow					
	Farmland Management S	ervices			
Landowner Name:	annanu manayement 3	UI TIUGS			
LUCDEDV CENTEV ::	Ab	natrusted and semilation -	ooordanoo wiii	Form: OLWR	-SWR-1A (04/08)
requirements of the Missi	the well/borehole was drilled, co ssippi Department of Environmer	nsulucted, and completed in a ntal Quality and the Missission	i Department	ก an applicable of Health regula	tions,
if applicable, and state lav	ws.	<b>1</b>			
Patrick Chism	0695	08/09/2013		uro of Lipanasa	
Print Name of Responsib	ole Licensee and License No.	Date	Signatu	re of Licensee	

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

# County: Sunflower Permit #: GW-47571 **Driller:** Irrigation Equipment Date drilling completed: 07/15/2013 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

For Office Use Only:			
Well#:	<u>A85</u>		
Aquifer:			

(601) 360-0535 (fax)			
This part of the report must be completed by a licensed water wel	ll contractor or a licensed pump installer. A copy of Part 1		
of the report must be attached and both parts filed with the Depa	rtment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Farmland Management Services	Latitude: 33 54' 03.3 N Longitude: 90 38' 25.4 W		
Mailing Address: 1803 Woodfield Drive	Method of Lat/Long (check one): ☐ Conventional Survey,		
Suite B ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS			
Savoy IL 61874 <u>SW</u> ½ <u>SW</u> ½, Sec <u>32</u> T <u>24 N</u> R <u>4 W</u>			
City State Zip code			
Telephone No	5 Miles West of Parchman (Nearest Town)		
Pump Typ	e (check one)		
☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing W			
	tation i attiff of a partition of the same		
Is This Pump (check one): ☑ New ☐ Repaired ☐ Replacement  Power Typ	e (check one)		
☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO			
Horse Power Rating of Motor: 60 Setting Depth:	feet Number of Stages: 2		
Pump Test Data f	or Non Flowing Well		
	Duration of Pump Test (minimum 4 hours): Hours		
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			
	ce Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): ☐ Steel tape ☐ Electric ta			
	a for Flowing Well		
Measured shut in head: Feet			
Weastred Shut in head.			
Well yielded GPM with a drawdown of	feet after hours of pumping		
Meter Installation			
Meter Manufacturer: None Installed	Meter Serial Number:		
Meter Model Number/Name:	Type of Meter:		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 100	0, 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 b	est of my knowledge.		
Patrick Chism 0695	08/09/2013		
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer		
This realise of Fully installed and Election (if applicable)	Form: OLWR-SWR-1B (4/13)		

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