| County: | Sunflower | |
|-------------------------------------|-----------|----------|
| Permit #: | GW-49450 | √ |
| Driller: Irrigation Equipment, Inc. | | |
| Date drilling completed: 3-24-17 | | 3-24-17 |

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 #: | F191 |
| Aquifer: | |
| E-Log #: | <u> </u> |
| | |

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 comp | pletion of drilling of the well or borehole. Well or Borehole Location |
|---|---|
| Well Owner Information (Landowner if borehole is not for a water well) | Well or Borenole Location |
| Owner Name: Pentecost Brothers | Latitude: 33° 46' 20.1" Longitude: 090° 32' 21.3" |
| Mailing Address: P.O. Box 52 | Method of Lat/Long (check one): Conventional Survey, |
| | ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS |
| Doddsville MS 38736 | NE 14 SE 14, Sec 18 T 22N R 3W |
| City State Zip code | |
| Telephone No | Miles South of Drew (Nearest Town) |
| Well / Bor | ehole Data |
| Date drilling started: 3-24-17 Date drilling completed: | 3-24-17 Hole depth: 93' Hole diameter: 24" |
| Location of the source of any surface water used for drilling: | |
| Method of dosing and volume of Chlorine used in drilling and deve | |
| Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gami | • |
| | |
| Name of organization running log(s): | |
| Purpose of borehole (check one): Water Well Geotech | nical/Geological Investigation |
| ☐ Seismic Survey ☐ C | Other (describe) |
| If drilling is not related to water well con | struction, skip the remainder of this block |
| Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P | ublic Supply ⊠ Irrigation ☐ Fish Culture |
| Other (describe): | · |
| If a flowing well, method of flow regulation: Valve | Other (describe) |
| Static Water Level: 49 feet [□ above or ⊠ below (check one) | w] land surface Date measured: 4-17-17 |
| Method of Measurement (check one) \boxtimes Steel tape \square Electric tap | e |
| Well depth: 93' Well grouted to a depth of: 10 feet | Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix |
| Casing length: 53 feet Casing diameter: 16 | inches Type of casing: PVC |
| Screen length: 40 feet Screen diameter: 16 | inches Type of screen: S.S. & PVC |
| Screen slot size:050 inches Setting depth: | From 54 feet to 93 feet |
| Type of completion (check all applicable): 🗵 Gravel packed 🗌 Ur | nderreamed Open hole Natural Development |
| Other (describe): | P = 0 |
| Top of lap pipe or reduction in casing: Feet | RECEIVEL |
| If telescoped or more than one | e screen, describe on next page APR 2 1 20 7 |

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

| | | | For Office Use | Only: |
|---|---------------------------------|---|--|-----------------|
| ounty: Sunflower | | | Well#: .F191 | |
| ermit #: GW-49450 | | | | |
| GHILL#. 011-10100 | | ; | | |
| | · · | | | |
| he sketch below only required fo | or water wells | <u>Description of formations enco</u> and boreholes, unless specifical | | <u>ll wells</u> |
| f well telescopes, show depths on | ı sketch. | | · · · · · · · · · · · · · · · · · · · | |
| Ground level ——— | , | Description of Formations En | | To (depth) |
| × | | Clay | Ground level | 24 |
| | | Fine Sand | 25 | 36 |
| | | Fine Sand & Gravel | 37 | 44 |
| | | Med. Sand & Gravel | 45 | 87 |
| | * | Clay | 88 | 93 |
| | | | | <u> </u> |
| | , | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 20' PVC .050 | 54 | 73 |
| | | 20' S.S050 | 74 | 93 |
| | | 20 3.3030 | 14 | 33 |
| | | | | |
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| | | | | |
| more than one screen, show | location of each on sketch | | —————————————————————————————————————— | |
| Vestab the property level t | and include the following: | | | |
| Sketch the property layout a 1) the well location | and include the following: | • | | |
| 2) any permanent stru | ctures on the property that ma | y aid in locating the well | | |
| any roads, power lir a north arrow | nes, or other items that may ai | d in locating the property and the | well | |
| 4) a noth anow | | | | |
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| | | | heard thrown North | A THE SECURE A |
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| | | • | | |
| | - | | | |
| andowner Name: | | | | |

4-19-17

Date

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

Print Name of Responsible Licensee and License No.

0695

County: Sunflower Permit #: GW-49450 Driller: Irrigation Equipment, Inc. Date drilling completed: 3-24-17 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 #: | F191 |
| Aquifer: | |

| of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Ower Information Owner Name: Pentecost Brothers Mailing Address: P.O. Box 52 Latitude: 33° 46' 20.1" Longitude: 090° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 33° 46' 20.1" Longitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Latitude: 190° 32' 21.3" Method of Lat | This part of the report must be completed by a licensed water w | vell contractor or a licensed nump installer. A copy of Part 1 | |
|--|--|--|--|
| Latitude: 33° 46′ 20.1" Longitude: 990° 32′ 21.3" Malling Address: P.O. Box 52 Method of Lat/Long (check one): Conventional Survey, Doddsville | of the report must be attached and both parts filed with the Dep | partment at the above address within 30 days of well completion. | |
| Malling Address: P.O. Box 52 Method of Lat/Long (check one): Conventional Survey, | weil Owner information | weil Location | |
| USGS quad, El Hand-held GPS, Survey-grade GPS | Owner Name: Pentecost Brothers | Latitude: 33° 46' 20.1" Longitude: 090° 32' 21.3" | |
| Doddsville | Mailing Address: P.O. Box 52 | Method of Lat/Long (check one): ☐ Conventional Survey, | |
| City | | ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS | |
| City | Doddsville MS 38736 | NE 1/5 = 1/4 Sec 18 T 22N R 3W | |
| Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed 4-17-17 Rated Pump Capacity: 1500+1 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): Horse Power Rating of Motor: 40 Setting Depth: 80 feet Number of Stages: 2 | City State Zip code | | |
| Pump Type (check one) | Telephone No(| | |
| Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 4.17-17 Rated Pump Capacity: 1500+f- 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): Horse Power Rating of Motor: 40 Setting Depth: 80 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 (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 Manufacturer: Meter Manufacturer: □ APR 2 1 20 17 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: □ Meter installed by: □ DY O L W 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. 0695 Print Name of Pump Installer | | (Distance) (Direction) (Nearest Town) | |
| Date Pump Installed 4-17-17 Rated Pump Capacity: 1500+/- Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one) Selectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 40 Setting Depth: 80 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 (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 Manufacturer: Meter Model Number/Name: Type of Meter: APR 2 4 2017 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: BY OLW 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. O695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | Pump Ty | rpe (check one) | |
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| Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 40 Setting Depth: 80 feet Number of Stages: 2 | Date Pump Installed 4-17-17 | Rated Pump Capacity: 1500+/- Gallons Per Minute | |
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| Meter Installation Meter Manufacturer: Meter Serial Number: RECEIV ED | | | |
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| Meter Installation | | foot offer house of numerica | |
| Meter Manufacturer: 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. 0695 4-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | GPW With a drawdown of | leet alter nours or pumping | |
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| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 4-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | The state of the s | | |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 4-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | | | |
| 0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | _ v. mg. commission rooms, a tast of ap | | |
| Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | I HEREBY CERTIFY that the above statements are true to the | best of my knowledge. | |
| Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer | 0695 | 4-19-17 | |
| | | | |

STATE OF MISSISSIPPI

Department of Environmental Quality Office of Land and Water Resources P. O. Box 2309 Jackson, Mississippi 39225

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-49450

Landowner Name: PENTECOST BROTHERS

Landowner Address: PO BOX 52

DODDSVILLE

38736

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4

Township:22N Section: 18

Range: 03W

County: SUNFLOWER

Quad: DREW

Maximum Volume: 150 Acre-Feet/Year

equivalent to .1339 Million Gallons/Day

Maximum Rate: 3000 Gallons/Minute

Applicant Name: PENTECOST BROTHERS

Applicant Address: PO BOX 52

Date Permit Issued: 08/15/2016

Date Permit Expires: 08/15/2021

DODDSVILLE

38736

RECEIVED

APR 2 1 2017

Date Permit Modified: Date Permit Re-issued:

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

permit issue date

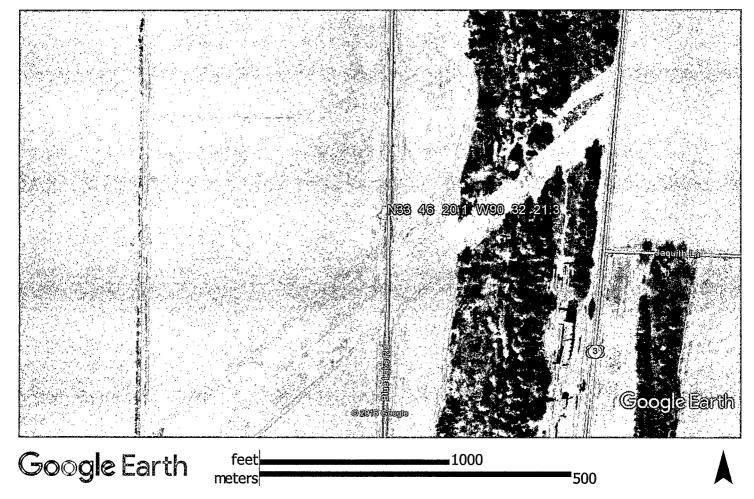
SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:

Gary C. Rikard, Executive Director

Mississippi Department of Environmental Quality





RECEIVED
APR 2 1 2017
BY OLWR