

STATE WELL REPORT

134

County: Sunflower
 Permit #: GW-5111
 Driller: Wes McMurry
 Date drilling completed: 5-12-20

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 #: G 206
 Aquifer: _____
 E-Log #: _____

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.

<p>Well Owner information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Prewitt Farms</u> Mailing Address: <u>P.O. Box 517</u> <u>Boyle</u> MS <u>38730</u> City State Zip Code Telephone No. <u>(662) 719-4107</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33°40'14.59"</u> Longitude: <u>90°39'29.76"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>SW 1/4 NW 1/4, Sec 18 T 21N R 04W</u> <u>4.18</u> Miles <u>SE</u> of <u>Boyle</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

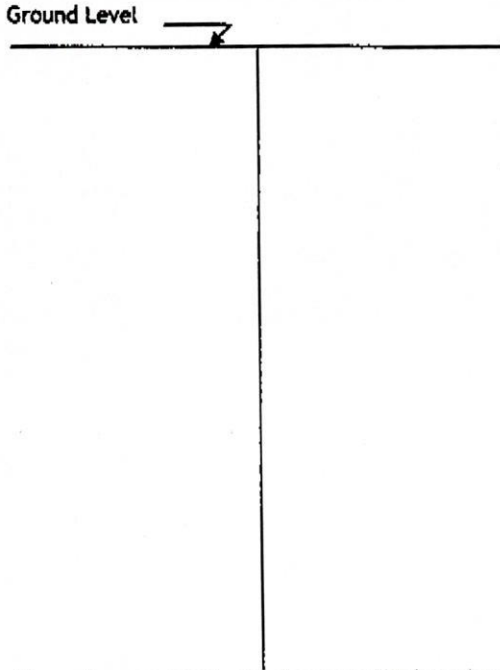
Date drilling started: 5-12-20 Date drilling completed: 5-12-20 Hole depth: 125 Hole diameter: 26"
 Location of the source of any surface water used for drilling: ditch nearby
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: None
 Name of organization running log(s): _____
 Purpose of borehole (check 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 (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: 34 feet above or below land surface Date measured: 5-15-20
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line other (describe): _____
 Well depth: 125 Well grouted to a depth of: 80 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 75 feet to 125 feet
 Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: N/A feet
If telescoped or more than one screen, describe on next page

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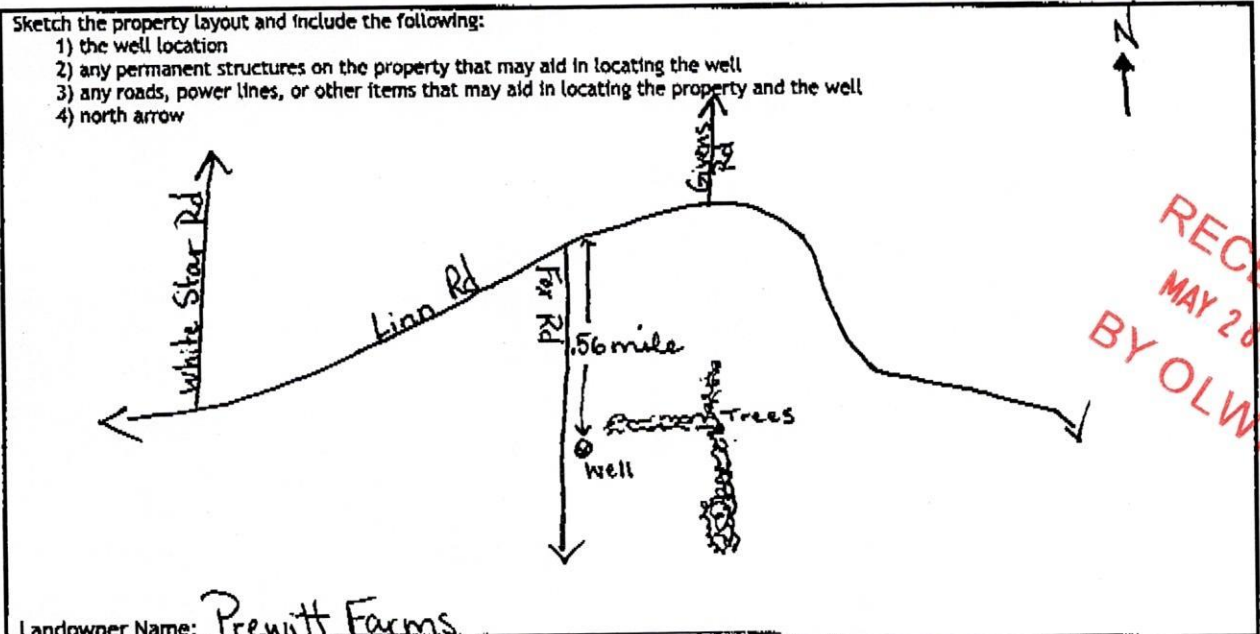
*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*



*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)
Top Soil + Clay	Ground level	15
Coarse Sand	15	25
Coarse Sand	25	35
Coarse Sand	35	45
Coarse Sand	45	55
Coarse Sand + Pea gravel	55	65
Pea gravel	65	75
Coarse / Pea gravel	75	85
Coarse Sand	85	95
Coarse / Pea gravel	95	105
Coarse Sand	105	115
Coarse / Pea gravel	115	125

If more than one screen, show location of each on sketch



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Landowner Name: Prewitt Farms

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.

Peyton Overstreet 00008026 5-27-20 Peyton Overstreet
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

County: Sunflower
 Permit #: GW-5111
 Driller: Wes McMurry
 Date completed: 5-12-20
Copy information from block on Part 1

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 #: G 206
 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>Prewitt Farms</u>	Latitude: <u>33° 40' 14.59"</u>	Longitude: <u>90° 39' 29.76"</u>	
Mailing Address: <u>P.O. Box 517</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Boyle</u> <u>MS</u> <u>38730</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City State Zip Code	<u>SW 1/4 NW 1/4, Sec 18 T21N R 04W</u>		
Telephone No. <u>(662) 719-4107</u>	<u>4.8</u> Miles <u>SE</u> of <u>Boyle</u>		
	(Distance) (Direction) (Nearest Town)		

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-15-20 Rated Pump Capacity: _____ 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: 30 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 34 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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.
Peyton Overstreet 00008026 5-27-20 Peyton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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