County:	Sunflower	
Permit #:	GW-45951	
Driller:	Irrigation Eq	uipment
Date drill	ing completed:	11/10/2014

## 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 #:	K168
Aquifer:	
E-Log #:	

Well Owner Information	npletion of drilling of the well or borehole.  Well or Borehole Location
(Landowner if borehole is not for a water well)	
Owner Name: Britt Plantation Gin Inc	Latitude: 33 33' 58.4 N Longitude: 90 39' 19.8 W
Mailing Address: 25 Charlie Ellis Road	Method of Lat/Long (check one):
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Indianola Ms 38751	SE 1/4 NW 1/4, Sec 19 T 20 N R 4 W
City State Zip code	7 Morth ( Indianala
Telephone No. (662) 207-0386	7 Miles North of Indianola (Direction) (Nearest Town)
Well / Bo	orehole Data
Date drilling started: 11/10/2014 Date drilling completed:	11/10/2014 Hole depth: 126' Hole diameter: 24"
Location of the source of any surface water used for drilling:	Surface Water
Method of dosing and volume of Chlorine used in drilling and dev	velopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gan	mma Ray 🗌 Density 🔲 Sonic 🔲 Neutron 🗋 Other:
Name of organization running log(s):	
Purpose of borehole (check one):   ☑ Water Well ☐ Geotec	chnical/Geological Investigation
	Other (describe)
it dwilliam is and anisted to water well on	
If uruing is not retailed to water well co.	nstruction, skip the remainder of this block
Purpose of Well (check all applicable):   Home Industrial    Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industrial   Industria	
Purpose of Well (check all applicable):   Home Industrial I  Other (describe):	Public Supply ⊠ Irrigation □ Fish Culture
Purpose of Well (check all applicable):   Home Industrial I	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)
Purpose of Well (check all applicable):   Other (describe):  If a flowing well, method of flow regulation: Valve  Static Water Level: feet [  above or    belowing below the describe of the static water flow in the	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)  ow] land surface Date measured:
Purpose of Well (check all applicable):   Home Industrial   Other (describe):  If a flowing well, method of flow regulation: Valve  Static Water Level:   feet [ above or belocheck one)  Method of Measurement (check one)   Steel tape Electric ta	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)  ow] land surface Date measured:
Purpose of Well (check all applicable):   Home Industrial   Other (describe):  If a flowing well, method of flow regulation: Valve  Static Water Level:   feet [ above or belocheck one)  Method of Measurement (check one)   Steel tape Electric ta	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe) ow] land surface
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Purpose of Well (check all applicable):   Other (describe):  If a flowing well, method of flow regulation: Valve  Static Water Level:  feet [ above or below (check one) ]  Method of Measurement (check one)   Steel tape   Electric taward (check one)    Well depth: 126'   Well grouted to a depth of: 10'   feet   feet   Casing diameter: 16'   feet   Casing diameter: 16'   feet   f	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)  ow] land surface Date measured:  ape ☐ Air line ☐ Other: (describe)  et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix  inches Type of casing: PVC
Purpose of Well (check all applicable):     Other (describe):    If a flowing well, method of flow regulation: Valve         Static Water Level:	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)  ow] land surface Date measured:  ape ☐ Air line ☐ Other: (describe)  et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix  inches Type of casing: PVC  inches Type of screen: PVC  in: From -87 810
Purpose of Well (check all applicable):     Home   Industrial   I	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)
Purpose of Well (check all applicable):     Home   Industrial   I	Public Supply ☑ Irrigation ☐ Fish Culture  Other (describe)  ow] land surface Date measured:  ape ☐ Air line ☐ Other: (describe)  et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix  inches Type of casing: PVC  inches Type of screen: PVC  in: From -87 810



is described and required for rester cells and borcheles, unless specifically exempted for resterable and borcheles, unless specifically exempted for regulations.  Description of Formations Encountered From (depth) To (depth)  Clay Ground level 21  Fine Sand 22 33  Fine Sand & Gravel 39 58  Medium Sand & Gravel 59 126  Medium Sand & Gravel 59 126  Well and 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  downer Name:  Britt Plantation Gin Inc.  REBY CERTIFY that the well/horehole was drilled, constructed, and competed in accordance with the property processor.  Form: OLWR-SWR-1A (0405) includes the management of the Mississipple Department of Environmental Quality and the Messissipp Depart			For Office U	
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and boreholes, unless specifically exempted by required by the particle by	Permit #: GW-43931		<u> </u>	
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City Sciouni level 21 Fine Sand 22 33 Fine Sand & Gravel 39 58 Medium Sand & Gravel 59 126  Medium Sand	Ground level			
Fine Sand & Gravel 39 126    Medium Sand & Gravel 59 126	orodina lever			
medium Sand & Gravel 59 126    Medium Sand & Gravel 59   126				
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rick Chism 0695 12/10/2014	equirements of the mississippi Department of E. applicable, and state laws.	nvironmental Quality and the Massissip	proepartment of Health reg	
nt Name of Responsible Licensee and License No. Date Signature of Licensee Form: OLWR-SWR-FA (4/13) 7	atrick Chism 0695	12/10/2014		HECEIV
Form: OLWR-SWR-KA (4/1/31)	rint Name of Responsible Licensee and Licens	se No. Date	Signature of License	e
			Form: OLW	R-SWR [A (4713) 7

County:	Sunflower	
Permit #:	GW-45951	
ŀ	Irrigation Eq	
D-4- 4-11		11/10/2014

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	For Office Use Only:				
Well #:	K148				
Aquifer:					

		r Information	s filed with the Depa		Well Lo		-
Owner Name: _E	ritt Plantatio	n Gin Inc		Latitude: 33 3	3' <b>58.4 N</b> L	ongitude:	90 39' 19.8 W
Mailing Address:	25 Charlie	Ellis Road		Method of Lat/Lo	ong (check one):	☐ Con	ventional Survey,
				USGS quad,	☑ Hand-held GF	PS, 🗌 Su	rvey-grade GPS
Indianola		Ms	38751	<u>s</u>	E 14 <u>NW</u> 14, Sec	19 T 20 N	<u> </u> R <u>4W</u>
City	, ,	State	Zip code		N141-		1
Telephone No.	( )			7 Mil	es North (Direction)	of	Indianola (Nearest Town)
			Pump Typ	e (check one)			
☐ Submersible  ☐	1 Turbine 🗌 A	uir Lift 🗌 Centr	rifugal 🗌 Flowing W	/ell 🗌 Jet 🔲 Pistor	n 🗌 Rotary 🖺 Otl	ner <i>(desci</i>	ibe):
Date Pump Instal	ed 11/11/2	2014	F	Rated Pump Capad	city: <b>900+/-</b>		Gallons Per Minute
s This Pump (che	eck one): 🛛 N	lew 🗌 Repaire	ed  Replacement				
				e (check one)			
			Sas Tractor PTO		· -		
Horse Power Rati	ng of Motor:	60	_ Setting Depth:	70'	feet Numb	er of Stag	es: <u>2</u>
			Pump Test Data fo	or Non Flowing W	/eli	· · · · · · · · · · · · · · · · · · ·	
Date Well Tested:	<u> </u>			Duration of Pump	p Test (minimum	4 hours):	Hours
Static Water Leve	I (A):	Feet B	elow Land Surface				et Below Land Surface
							Gallons Per Minute
			el tape   Electric tap				
				for Flowing Well			***************************************
Measured shut in	hoad:	Eo	-	i loi i lowing Wen			
vicasureu silut iii		Fe	eı				
Nell yielded	G	PM with a dra	wdown of	feet a	after	ho	urs of pumping
			32 of our la				
Meter Manufactur	ar-			stallation	Mumb as:		
					ter:	· · · · · · · · · · · · · · · · · · ·	<u>,                                      </u>
	unit and Multi		AF x .001, gal x 1000	J, etc):			
nstallation Date:			er installed by:				
s This Meter (che	ck one): 🔲 Ne	ew 🗌 Repaire	ed Replacement				
	y submitting to Fo	he above infoi or agricultura	rmation you are cert Il wells, a list of appr	ifying that this met oved meters is on t	ter was installed to the MDE <del>O w</del> ebsit	o manufac 2	cturer standards.
Important: H			TE-				· · · · · · · · · · · · · · · · · · ·
Important: E							·
			nts are true to the be	st of my knowledg	je.		
	IFY that the ab		nts are true to the be	est of my knowledg	Y		<b>)</b>

gnature of Pump Instanton Form: OLWR-SWR-1B (4/13)
DEC 1 5 2014

