

County: Sunflower
 Permit #: GW-49875 ✓
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 5-3-17

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 #: M176
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Hard Cash Planting Company</u>	Latitude: <u>33° 30' 42.1"</u> Longitude: <u>090° 42' 18.5"</u>
Mailing Address: <u>P.O. Box 599</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola</u> <u>MS</u> <u>38751</u> City State Zip code	<u>SE</u> <input checked="" type="checkbox"/> <u>NW</u> <input checked="" type="checkbox"/> <u>1/4</u> , Sec <u>10</u> T <u>19N</u> R <u>5W</u> <input checked="" type="checkbox"/>
Telephone No. <u>() -</u>	<u> </u> Miles <u>NW</u> of <u>Indianola</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 5-3-17 Date drilling completed: 5-3-17 Hole depth: 127' 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 development: 50 PPM

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

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: 40 feet [above or below] land surface Date measured: 5-9-17
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 127' Well grouted to a depth of: 10 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 88 feet to 127 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

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If telescoped or more than one screen, describe on next page

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

County: Sunflower

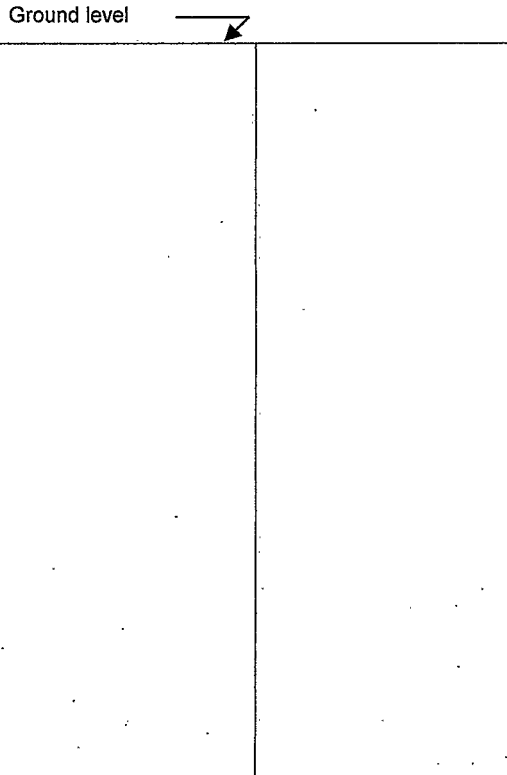
Permit #: GW-49875

For Office Use Only:

Well #: M176

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)
Clay	Ground level	14
Fine Sand	15	33
Fine Sand & Gravel	34	65
Med. Sand & Gravel	66	127

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

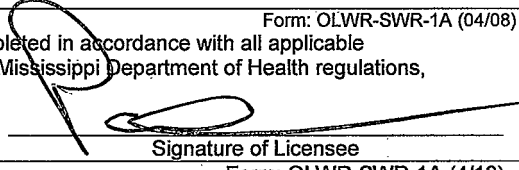
- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) a north arrow

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Landowner Name: _____

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.

0695 _____
Print Name of Responsible Licensee and License No. Date

Form: OLWR-SWR-1A (04/08)

Signature of Licensee

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

County: Sunflower
 Permit #: GW-49875
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 5-3-17
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 #: M176
 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>Hard Cash Planting Company</u>	Latitude: <u>33° 30' 42.1"</u> Longitude: <u>090° 42' 18.5"</u>
Mailing Address: <u>P.O. Box 599</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola</u> <u>MS</u> <u>38751</u> City State Zip code	<u>SE 1/4 NW 1/4, Sec 10 T 19N R 5W</u>
Telephone No. () -	<u> </u> Miles <u>NW</u> of <u>Indianola</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed 5-9-17 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: 40 Setting Depth: 80 feet Number of Stages: 1

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 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

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*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 5-10-17
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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

The permit is issued to the landowner or other person in accordance with the provisions of the Mississippi Water Control Act of 1952, Chapter 107, and the regulations thereunder. The permit is issued to the applicant for the purpose of diverting or withdrawing water from the Mississippi River for beneficial use. The permit is issued for a period of three (3) years, unless otherwise provided. The permit may not be modified, transferred, assigned, or otherwise disposed of without the approval of the Department of Environmental Quality. The permit is issued on the condition that the applicant shall be responsible for the construction, maintenance, and operation of the works authorized by the permit. The permit is issued on the condition that the applicant shall be responsible for the construction, maintenance, and operation of the works authorized by the permit. The permit is issued on the condition that the applicant shall be responsible for the construction, maintenance, and operation of the works authorized by the permit.

Permit Number: 100-100-1000
 Landowner Name: J. B. Smith, Jr.
 Landowner Address: 123 Main Street, Jackson, MS 39201

Source of Water: Mississippi River
 Beneficial Use: Irrigation
 Diversion/Withdrawal Location: 1/4 of the NW 1/4
 County: Hinds County
 Maximum Volume: 100,000 Gallons per Day
 Maximum Rate: 100 GPM
 Applicant Name: J. B. Smith, Jr.
 Applicant Address: 123 Main Street, Jackson, MS 39201

Date Permit Issued: 4/18/2017
 Date Permit Expires: 4/18/2020
 Date Permit Modified:
 Date Permit Re-Issued:

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