County: Sunflower
Permit #: GW-49483
Driller: Irrigation Equipment, Inc.
Date drilling completed: 10-6-16

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 #: N186
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
(Landowner if borehole is not for a water well)

Owner Name: Maroon Magnolia, LLC
Mailing Address: P.O. Box 1720
Collierville (City) TN (State) 38027 (Zip code)
Telephone No. ( ) -

Well or Borehole Location

Latitude: 33 29' 11.2" Longitude: 090 33' 18.0"
Method of Lat/Long (check one): ☐ Conventional Survey, ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
NE ¼ NE ¼, Sec 24 T 19N R 4W
_____ Miles (Distance) NE (Direction) of Indianola (Nearest Town)

Well / Borehole Data

Date drilling started: 10-6-16 Date drilling completed: 10-6-16 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: 46 feet [☐ above or ☒ below] land surface *(check one)* Date measured: 10-7-16
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: 90 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 37 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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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Form: OLWR-SWR-1A (4/13)

County: Sunflower

Permit #: GW-49483

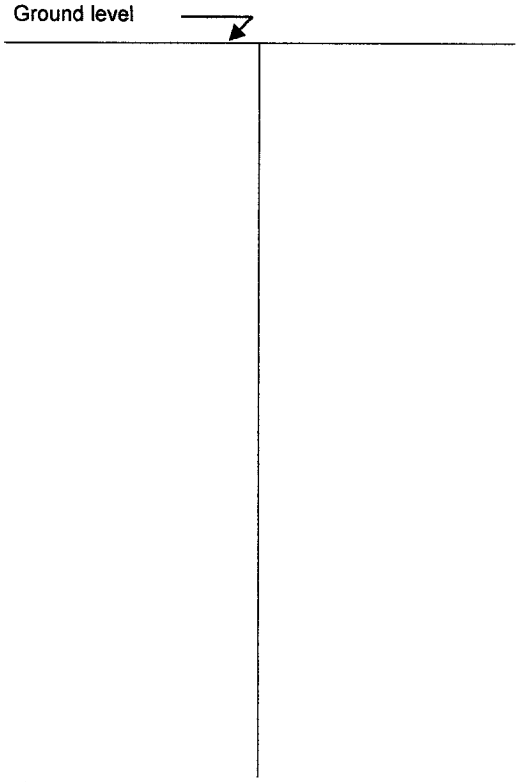
For Office Use Only:

Well #: N186

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level



If more than one screen, show location of each 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	24
Fine Sand	25	38
Fine Sand & Gravel	39	55
Med. Sand & Gravel	56	102
Fine Sand	103	109
Med. Sand & Gravel	110	127
20' Screen	83	102
17' Screen	111	127

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

Landowner Name: _____

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

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	10-20-16	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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

County: Sunflower
Permit #: GW-49483
Driller: Irrigation Equipment, Inc.
Date drilling completed: 10-6-16
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 #: N1820
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

Owner Name: Maroon Magnolia, LLC
Mailing Address: P.O. Box 1720
Collierville (City) TN (State) 38027 (Zip code)
Telephone No. ( ) -

Well Location

Latitude: 33 29' 11.2" Longitude: 090 33' 18.0"
Method of Lat/Long (check one): ☐ Conventional Survey,
☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
NE ¼ NE ¼, Sec 24 T 19N R 4W
_____ (Distance) Miles NE (Direction) of Indianola (Nearest Town)

Pump Type *(check one)*

☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other *(describe)*: _____
Date Pump Installed 10-7-16 Rated Pump Capacity: 1400+/- 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

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 and License No. *(if applicable)*) 10-20-16 (Date) _____ (Signature of Pump Installer)

Form: OLWR-SWR1B (4/13)

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