County:	Sunflower	
Permit #:	GW-48561	
Driller:	Irrigation Eq	uipment
Date drill	ing completed:	10/31/2014

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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 #: P 174 Aquifer: E-Log #: _

State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Clifton Living Trust	Latitude: 33 25' 26.7 N Longitude: 90 44' 02.0 W
Mailing Address: 22506 Vobe Court	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Katy Tx 77449	SE 1/4 NE 1/4, Sec 8 T 18 N R 5 W
City State Zip code Telephone No. () -	4 Miles West of Indianola
	(Distance) (Direction) (Nearest Town)
Well / Boro	ehole Data
Date drilling started: 10/31/2014 Date drilling completed: 1	10/31/2014 Hole depth: 126' Hole diameter: 24"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gamr	ma Ray 🗌 Density 🗋 Sonic 🗍 Neutron 🗍 Other:
Name of organization running log(s):	
Purpose of borehole (check one): ☑ Water Well ☐ Geotechi	nical/Geological Investigation
☐ Seismic Survey ☐ C	Other (<i>describe</i>)
If drilling is not related to water well cons	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Pu	ublic 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 (check one)	v] land surface Date measured: 11/01/2014
Method of Measurement (check one) $\ \ \ \ \ \ \ \ \ \ \ \ \ $	e Air line Other: (describe)
Well depth: 126' Well grouted to a depth of: 10' feet	Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 86' 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
Type of completion (check all applicable): $oxed{oxed}$ Gravel packed $oxed{oxed}$ Un	derreamed Open hole Natural Development
Other (describe):	RECEIVED
Top of lap pipe or reduction in casing: Feet	DEC 1 1 2014
If telescoped or more than one	screen, describe on next page

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

				r Office Use	Only:
County: Sunflower			Well #:	P 174	j
Permit #: GW-48561	_		-	1	
Permit #: 011-4001	-		i,		
The sketch below only required for water well	ł c	Description of format	tions ancountared mus	t he provided for a	II wells
The sweeth below only require for water were	=	and boreholes, unless			a wear
If well telescopes, show depths on sketch.					
Ground level		Description of Forma	ations Encountered	From (depth)	To (depth)
Glodila level		Clay		Ground level	21
		Fine Sand		22	41
		Fine Sand & Gr	avel	42	53
		Medium Sand 8	k Gravel	54	126
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			100 to 10		
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1					
If more than one screen, show location of	f each on sketch				
Sketch the property layout and includ	a the following:				
1) the well location	e the following.				
2) any permanent structures on	the property that may	aid in locating the well			
3) any roads, power lines, or oth	er items that may aid	in locating the property	and the well		
4) a north arrow					
landoumen Name Cliffon I is	ina Tarat				
Landowner Name: Clifton Liv	ving Trust				†
			<u> </u>	Form: OLWR-S	MP 14 (04/08)
I HEREBY CERTIFY that the well/bor	ehole was drilled, cor	nstructed, and complete	d in accordance with	n all applicable	
requirements of the Mississippi Depar	tment of Environmen	tal Quality and the Miss	sissippi Department	of Health regulation	ns,
if applicable, and state laws.		•	#_		
Patrick Chism	0695	12/08/2014	422		DECEN/EI
Print Name of Responsible Licensee	and License No.	Date	Signatu	e of Licensee	E Charles May 5 W San
				Form: OLWR-SV	
					DEC 11 2014

BY: OLWR

County:	Sunflower	
Permit #:	GW-48561	
Driller:	Irrigation Eq	uipment
Date drill	ing completed:	10/31/2014
		m 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

P.O. Box 2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	Office Use Only:
Vell#:	17174
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** Latitude: 33 25' 26.7 N Longitude: 90 44' 02.0 W Owner Name: Clifton Living Trust Mailing Address: 22506 Vobe Court ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS Ty 77449 Katy SE 1/4 NE 1/4, Sec 8 T 18 N R 5 W State City Zip code _ of Telephone No. West (Nearest Town) (Distance) (Direction) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Rated Pump Capacity: 1500+/- Gallons Per Minute Date Pump Installed 11/01/2014 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: 70° 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 ___ Feet Below Land Surface Test Pumping Rate: ___ Drawdown [(B) - (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 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): 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.

12/08/2014

Date

Signature of Pump Installer
Form: OI WP SIAP CE

Form: OLWR-SWR-1B (4/13)
DEC 1 1 2014

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Farm married at the Farma On & Diale 044 040 0400 Farma On & Diale and

Print Name of Pump Installer and License No. (if applicable)