

122

County: Sunflower
 Permit #: MS-GW-17390
 Driller: Michael Wells
 Date drilling completed: _____

STATE WELL REPORT

Part I

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 #: P154
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Delta Western</u> Mailing Address: <u>1842 Hwy 82</u> <u>P.O. Box 878</u> <u>Indiana</u> <u>MS</u> <u>38751</u> City State Zip Code Telephone No. <u>(662) 837-1226</u>	Well or Borehole Location Latitude: <u>33° 26' 29.23"</u> Longitude: <u>90° 43' 52.64"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE 1/4 NE 1/4, Sec 5 T. 18 N R. 5 W</u> <u>4.4</u> Miles <u>West</u> of <u>Indiana</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data
 Date drilling started: 2-12-18 Date drilling completed: 3-28-18 Hole depth: 1915' Hole diameter: 22"
 Location of the source of any surface water used for drilling: Water line
 Method of dosing and volume of Chlorine used in drilling and development: HTH added to water
 Logs run (circle all applicable): No log run Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____
 Name of organization running log(s): MDEQ
 Purpose of borehole (circle 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 (circle all applicable): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) NIA
 Static Water Level: 1.1' feet [above or below] land surface Date measured: 3-28-18
 (circle one)
 Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): _____
 Well depth: 1915' Well grouted to a depth of: 1856' feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
 Casing length: 1856' feet Casing diameter: 10" inches Type of casing: Steel
 Screen length: 50' feet Screen diameter: 6" inches Type of screen: Stainless Steel
 Screen slot size: .020" inches Setting depth: From 1860' feet to 1910' feet
 Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Open hole _____ Natural Development _____
 Other (describe): _____
 Top of lap pipe or reduction in casing: 1800' feet

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

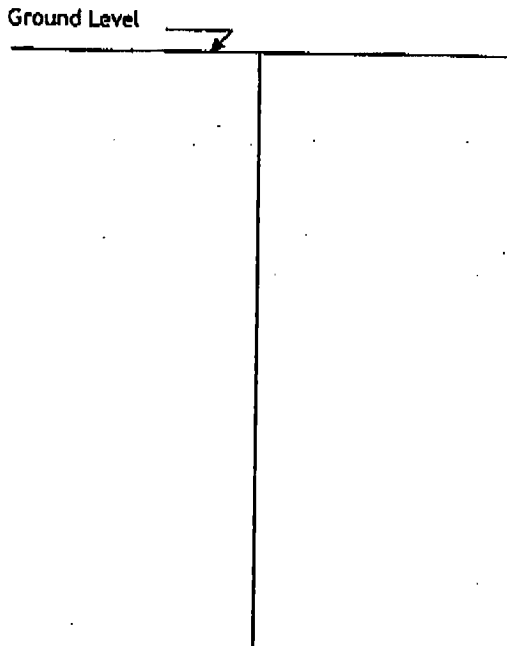
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County: Sunflower
 Permit #: _____

For Office Use Only:
 Well #: 7189

*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*

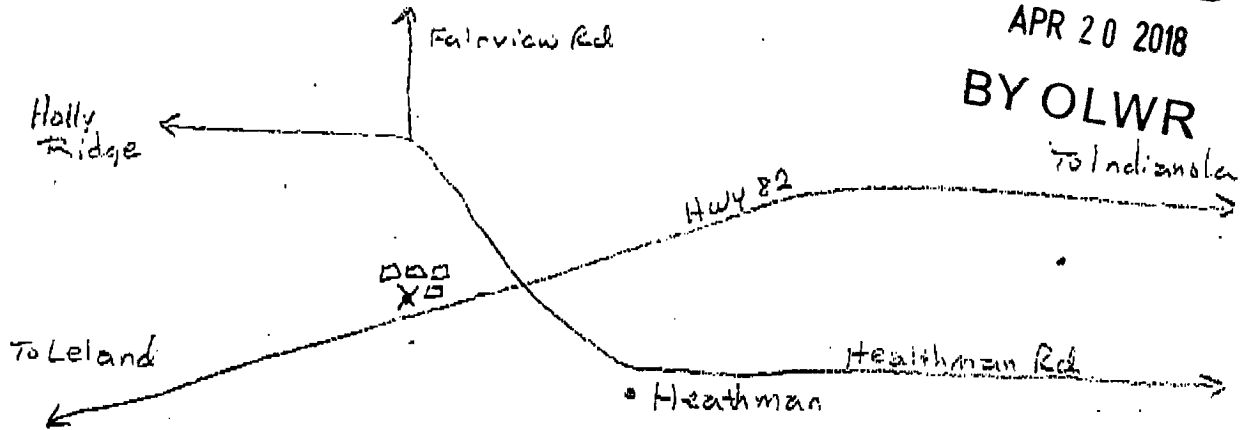


Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	42
Sand + Gravel	42	180
Sand	180	250
Clay	250	320
Sand	320	429
Clay, Sand + lignite	429	520
Sand	520	620
Clay, Sand + lignite	620	767
Hard Clay	767	940
Sandy Clay	940	1050
Clay, Shale + Rock	1050	1400
Clay, Shale + Sand	1400	1494
Clay + Sandy Shale	1494	1678
Sand with Gravel	1678	1735
Sandy Clay	1735	1805
Sandy with Clay Strak	1805	1820
Sand	1820	1920

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) 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.

Clayton Miller 0-703 4-20-18 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: P189
 Aquifer: _____

County: Sunflower
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

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>Delta Western</u>	Latitude: <u>39° 26' 29.73"</u> Longitude: <u>90° 43' 52.64"</u>
Mailing Address: <u>1842 Hwy 82</u> <u>P.O. Box 878</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
<u>Indianola</u> <u>MS</u> <u>38751</u> City State Zip Code	USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____ <u>SE 1/4 NE 1/4, Sec 5 T 18 N R 5 W</u>
Telephone No. <u>(662) 887-1226</u>	<u>4.40</u> Miles <u>West</u> of <u>Indianola</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: _____ Rated Pump Capacity: 500 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 40 Setting Depth: 80 feet Number of Stages: 5

Pump Test Data for Non Flowing Well
 Date Well Tested: 4-17-18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 14' Feet Below Land Surface Pumping Water Level (B): 42.5' Feet Below Land Surface
 Drawdown [(B) - (A)]: 28.5' Feet Below Land Surface Test Pumping Rate: 592 Gallons Per Minute
 Method of measurement (circle 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 (circle 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 4-20-18 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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