County: Sunflower 45999 Permit #: Replaces GW-10375 Driller: Irrigation Equipment Date drilling completed: 02/09/2012

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
(601) 961-5210

(601) 961-5228 (fax)

Aquifer: 288 Well #: L.S. Elevation:	Well #:		For Office Use Only:	
Well #:	Well #: L.S. Elevation:	Aquifer:	Q 188	
	L.S. Elevation:	=	<u> </u>	
L.S. Elevation:				
	E-log #:	L.S. Eleva	cion:	

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.

<i>___</i>	repuriment at the above address within 50 days	of completion of arming of the weil of borehole.			
/X J	Information on Well Owner	Well or Borehole Location			
•	wner if borehole is not for a water well)				
Owner Name	Simmons Farms	Latitude: 33 ° 24 ' 97 " Longitude: 90 ° 36 ' 31 "			
Mailing Address:	ailing Address: 317 Three Way Road Method of Lat/Long (check one): Conventional Survey,				
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS			
	Indianola Ms 38751	NE 1/4 NE 1/4 Sec 21 / Twn 18N Rng 4W			
	City State Zip code	Distance Direction Nearest Town			
Telephone No.	() -	Miles Northwest of Inverness			
	Well / B	orehole Data			
Date drilling starte	ed: 02/09/2012 Date drilling completed: 02/	09/2012 Hole depth: 135 Hole diameter: 24"			
Location of the so	urce of any surface water used for drilling: Surface	Water			
	and volume of Chlorine used in drilling and developm				
Logs run (check all applicable): No log run					
Purpose of boreho	ele (check one): Water Well Geotechnica	l/Geological Investigation Ground Source Heat Pump			
	Seismic Survey Other (describe)			
	· · · · · · · · · · · · · · · · ·	onstruction, skip the remainder of this block			
Purpose of Well (c	Purpose of Well (check one)				
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 43 feet above or below (check one) 🗆 land 🖾 surface Date measured: 02/13/2012					
Method of Measurement (check one) ⊠ steel tape □ electric tape □ air line □ other:					
Well depth: 135 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix					
Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC					
Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC					
Screen slot size:	Screen slot size: .050 inches Setting depth: From 76 feet to 135 feet				
Type of completion	n (check all applicable): 🛛 Gravel packed 🔲 🛚	Underreamed Telescoped Open hole Natural Development			
	Other (describe):				
Top of lap pipe or	reduction in casing: feet. I	f telescoped or more than one screen, describe on next page			

Replaces GW 10375

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

MAR 0 5 2012

BY: OLWR

The sketch below only required for water wells

<u>If well telescopes, show</u>	<u>v depths on sketch.</u>
Ground level	

	4	0188		
<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>				
Description of Formations Encountered	From (depth)	To (depth)		
Clay	Ground level	25		
Fine Sand	26	55		
Medium Sand	56	75		
Course Sand & Gravel	76	115		
Medium Sand	116	135		

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

1	ayout and include the follow locating the well; 3) any re		, , , ,		
	orth arrow.		,	8. 1. 1	,
					ľ
Landowner Name:	Simmons Farms				ŀ
Edito wher italie.	Simmons raims				
Leastify that the well/ha	mahala maa dullad	4-1 1 1 4		Form: OLV	VR-SWR-1A (04/08)
Mississippi Department	orehole was drilled, construct of Environmental Quality a	tea, ana complete nd the Mississinni	d in accordance with all applications of the second	licable requirements of the	tata
laws.		the Minnighthi	2 opan timont of 14 and regul	igerous, ii appucaute, and si	ALL
Patrick Chism/Irrigat		<u></u>			RECEIVED
Print Name of Responsible Lic	ensee and License No.	Date	Signature of Lic	ensee	A POPULATION OF THE PROPERTY O

MAR 0 5 2012

BY: OLWR

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 (601) 961-5210 (601) 961-5228 (fax)

For Office Use Only:			
Aquifer:		_	
Well #:	Q188		
Elevation:	, , -		

Date drilling completed: 02/09/2012 Copy information from block on Part 1

Permit #: Replaces GW-10375

Driller: Irrigation Equipment

County: Sunflower

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 Departmen			
Well Owner Information	Well Location		
Owner Name: Simmons Farms	Latitude: 33 24' 07 N Longitude: 90 36' 31 W		
Mailing Address: 317 Three Way Road	Method of Lat/Long (check one): Conventional Survey,		
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS		
Indianola Ms 38751	NE 1/4 NE 1/4 Sec 21 T 18N R 4W		
City State Zip code	Distance Direction Nearest Town		
Telephone No. () -			
Telephone No. () -	3 Miles Northwest of Inverness		
Pump Type	Power Type		
Check one	Check one		
☐ Air Lift ☐ Jet ☐ Submersible	☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas		
☐ Bucket ☐ Piston ☐ Turbine	☑ Electric Motor ☐ Hand ☐ Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 75		
Date Pump Installed: 02/13/2012	Setting Depth: 80 feet		
Rated Pump Capacity 3000+/- Gallons Per Minute	Number of Stages: 1		
Pump Test Data	Method of Measuring Water Level		
	Check one		
Date Well Tested:	☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify):		
Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head: feet		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): hours	feet after hours of pumping		
This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump			
I HEREBY CERTIFY that the above statements are true to the best of m			
	y Allowicage		
Print Name of Pump Installer and License No. (if applicable) RECEIVED			

Form: OLWR-SWR-1C (07-09) MAR 0 5 2012

BY: OLWR