County:	Sunflower	
Permit #:	GW-50200 🗸	/
Driller:	Irrigation Equipment, Inc.	
Date drilli	ing completed: 11-	17-17

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 #:	<u>Q214</u>
Aquifer:	1
E-Log #:	

	wner Information ehole is not for a water well)	Well or Borehole Location	j
Owner Name: Hancock F	•	Latitude: 33° 23' 59.8"N Longitude: 90° 33' 44.0"\	N
Mailing Address: 1803 W	oodfield Drive, Ste B	Method of Lat/Long (check one): ☐ Conventional Survey,	
		☐ USGS quad, ⊠ Hand-held GPS, ☐ Survey-grade GPS	
Savoy City	IL 61874 State Zip code	NW 1/4 NE 1/4, Sec 24 T 18N R 4W	
Telephone No. (•	Miles NE of Inverness (Distance) (Direction) (Nearest Town)	
	Wall / R	(Distance) (Direction) (Nearest Town) orehole Data	
Data drilling started: 11-1		11-17-17 Hole depth: 127' Hole diameter: 24"	
	,		
	ny surface water used for drilling:		-
Method of dosing and volun	ne of Chlorine used in drilling and de	evelopment: 50 PPM	
Logs run (check all applicab	ole): 🛛 No log run 🗌 Electric 🗌 Ga	mma Ray 🗌 Density 🗌 Sonic 🖺 Neutron 🔲 Other:	
Name of organization runnir	ng log(s): <u>Replaces</u>	GW-14211	
	one): 🛛 Water Well 🔲 Geoted		
	☐ Seismic Survey	Other (describe)	
If drillin		onstruction, skip the remainder of this block	h
		Public Supply ⊠ Irrigation ☐ Fish Culture	
		DEC	21
	San Mala	1799ths 10 W	7 1
		Other (describe)	اناً سنا <u>نات</u>
Static Water Level: _44	feet [□ above or ⊠ be (check one)	low] land surface Date measured: 11-20-17	
Method of Measurement (ch	,	ape ☐ Air linę ☐ Other: <i>(describe)</i>	
Well depth: 127' Well	grouted to a depth of: 10 fe	et Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐] Mix
•		inches Type of casing: PVC	
	-		
		inches Type of screen: PVC	
Screen slot size:	inches Setting depth	n: From <u>88</u> feet to <u>127</u> f	eet
Type of completion (check a	all applicable): 🛛 Gravel packed 🔲	Underreamed Open hole Natural Development	
Other (describe):	· · · · · · · · · · · · · · · · · · ·		
Top of lap pipe or reduction	in casing: Feet		- 1

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

County: Sunflower			For Office Use	-
Permit #: GW-50200			L	
The sketch below only requir	ed for water wells	<u>Description of formations end</u> and boreholes, unless specific	countered must be provided for	all wells
If well telescopes, show depth	s on sketch.			
Ground level	7	Description of Formations E	Incountered From (depth) Ground level	
		Fine Sand	33	44
		Fine Sand & Gravel	45	57
		Med. Sand & Gravel	58	124
		Clay	125	127
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				-
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	•			
	ľ			
If more than one screen, sh	ow location of each on sketch			
Cleatab the manager lave	out and include the fall of			
the well location any permanents	structures on the property that m	ay aid in locating the well aid in locating the property and th	ne well	ECEIVE
	,			JEC 21 21 17
				2 2 2 3
			B.	YOLWI
			In the second se]
Landowner Name:				
if applicable, and state la	at the well/borehole was drilled, o sissippi Department of Environm aws.	constructed, and completed in ac ental Quality and the Mississippi	Form: OLWR- cordance with all applicable Department of Health regulat	SWR-1A (04/08)
0695	ikla Liannan d Li Al	12-19-17	0:	l
Print Name of Responsi	ble Licensee and License No.	Date \	Signature of Licensee Form: OLWR-SV	

County: Sunflower Permit #: GW-50200 Driller: Irrigation Equipment, Inc. Date drilling completed: 11-17-17 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

For Office Use Only:		
Well #:	<u>Q214</u>	
	,	
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 statiched and both parts filed with the Department at the above address within 30 days of well completion. Well Conner Information Owner Name: Hancock Farmland Might Services Mailing Address: 1803 Woodfield Drive, Ste B Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Savoy IL 61874 NW ½ NE ½, Sec 24 T 18N R 4W City State Zip code Distances NW ½ NE ½, Sec 24 T 18N R 4W Telephone No. Pump Type (check one): William William	(601) 3	360-0535 (fax)	
Well Location Owner Name: Hancock Farmland Migmt Services Mailing Address: 1903 Woodfield Drive, Ste B Mailing Address: 1903 Woodfield Drive, Ste B Method of Lat/Long (check one): □ Conventional Survey, □ USGS quad, ☑ Hand-held GPS, □ Survey-grade GPS Savoy			
Latitude: 33° 23' 59.8"N Longitude: 90° 33' 44.0"W			
Mailing Address: 1803 Woodfield Drive, Ste B Method of Lat/Long (check one): ☐ Conventional Survey, ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS Savoy			
USGS quad, Hand-held GPS, Survey-grade GPS	Owner Name: Hancock Farmland Mgmt Services	Latitude: 33° 23' 59.8"N Longitude: 90° 33' 44.0"W	
Savoy IL 61874 NW ½ NE ½, Sec 24 T 18N R 4W	Mailing Address: 1803 Woodfield Drive, Ste B	Method of Lat/Long (check one): Conventional Survey,	
Telephone No. () -		☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS	
Telephone No. () -	Savov IL 61874	NW 1/4 NE 1/4. Sec 24 T 18N R 4W	
Pump Type (check one)	I		
Pump Type (check one) □ Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): □ Date Pump Installed 11-20-17	Telephone No. () -		
Submersible ⊠ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 11-20-17		(Distance) (Direction) (Nearest Town)	
Date Pump Installed 11-20-17 Rated Pump Capacity: 2100+1- Gallons Per Minute Is This Pump (check one): ☑ New ☐ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): ☐ Horse Power Rating of Motor: 60 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 Manufacturer: ☐ Meter Serial Number: ☐ ☐ Other (Air Pump) Feet Meter Manufacturer: ☐ ☐ Other (Air Pump) Feet Meter Model Number/Name: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Pump Type	e (check one)	
Date Pump Installed 11-20-17 Rated Pump Capacity: 2100+1- Gallons Per Minute Is This Pump (check one): ☑ New ☐ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): ☐ Horse Power Rating of Motor: 60 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 Manufacturer: ☐ Meter Serial Number: ☐ ☐ Other (Air Pump) Feet Meter Manufacturer: ☐ ☐ Other (Air Pump) Feet Meter Model Number/Name: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	│	ell □ Jet □ Piston □ Rotary □ Other <i>(describe)</i> :	
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: 60 Setting Depth: 80 feet Number of Stages: 1			
Power Type (check one) Electric \omega Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe); Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1			
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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): 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. 1 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) Date Signature of Pump Installer	☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO [☐ Windmill ☐ Other (describe);	
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): 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. 1 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) Date Signature of Pump Installer	Horse Power Rating of Motor: 60 Setting Depth:	80 feet Number of Stages: 1	
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 Serial Number: 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): Meter Applied 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) Date Signature of Pump Installer			
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	Pump Test Data fo	or Non Flowing Well	
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 RECEIVED Meter Manufacturer: Meter Serial Number:	Date Well Tested:	Duration of Pump Test (minimum 4 hours): Hours	
Drawdown [(B) - (A)]:	i		
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 RECEIVED Meter Manufacturer: Meter Serial Number: Type of Meter:		1	
Meter Installation Meter Installation			
Meter Installation Meter Manufacturer: 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): Installation Date: Meter installed by: Is This Meter (check one): Installation Date: 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. 1 12-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
Meter Installation RECEIVED			
Meter Manufacturer: Meter Model Number/Name: Type of Meter: Type of Meter:	Well yielded GPM with a drawdown of	feet after hours of pumping	
Meter Manufacturer: Meter Model Number/Name: Type of Meter: Type of Meter:	Meter in	stallation Profit (1997)	
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. 1 HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 12-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer		Meter Serial Number:	
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1 HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0695 12-19-17 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	For agricultural wells, a list of appr	ovea meters is on the MDEQ website.	
0695 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	HEREBY CERTIFY that the above statements are true to the be-	est of my knowledge.	
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
	Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer Form: OLWR-SWR-18 (4/13)	



Don R. Christy, PhD Executive Director

P. O. Box 129 Stoneville, MS 38776

Tel.: (662) 686-7712 Fax: (662) 686-9078 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

November 6, 2017

Farmland Management Services 1303 Woodfield Drive Suite B Savoy, IL 61874

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50200 which will be replacing GW-14211 located at

Location: NW ¼ of the NE ¼ Section 24 Township 1CN Range 04W County Sunflower Latitude: 33 24 02 Longitude 90 33 46

Dear Farmland Management Services:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

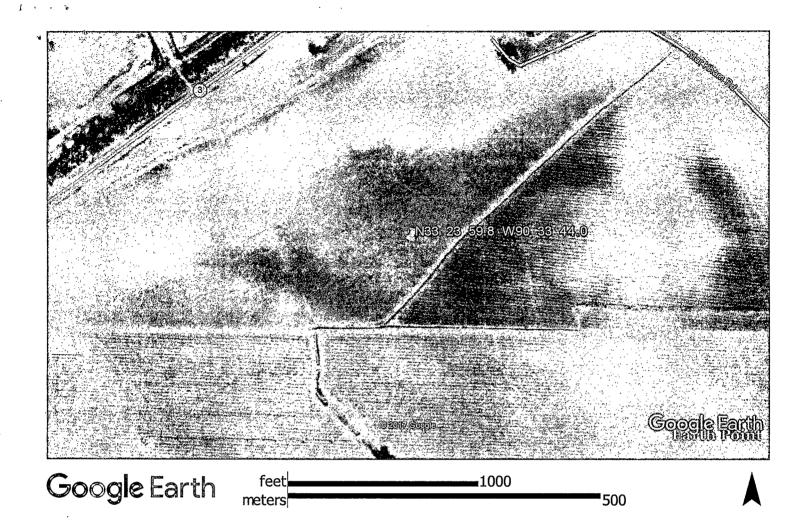
Remember that you are still required to <u>submit a permit application</u> (enclosed) for the replacement well <u>within 5 days</u> of construction beginning. You are also <u>required</u> to properly decommission (plug and abandon) the replaced well within 130 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7. Chapter 2. Rule 2.9.

If you have any questions, please call YMD at 662-666-7712.

Sincerely.

Dillard Melton, Jr Permitting Director



RECEIVED DEC 21 2817 BY OLWR