

County: Sunflower
 Permit #: GW-49191
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 6-22-16

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 #: R 254
 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>			Well or Borehole Location	
Owner Name: <u>Kincade Trust</u>			Latitude: <u>33 26' 13.6"</u>	Longitude: <u>90 28' 45.3"</u>
Mailing Address: <u>904 Medallion Dr</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Greenwood</u>	<u>MS</u>	<u>38930</u>	<u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>11</u> T <u>18N</u> R <u>3W</u>	
City	State	Zip code		
Telephone No. <u>() -</u>			<u> </u> Miles <u>East</u> of <u>Moorhead</u>	
			<i>(Distance)</i>	<i>(Direction)</i> <i>(Nearest Town)</i>

Well / Borehole Data

Date drilling started: 6-22-16 Date drilling completed: 6-22-16 Hole depth: 127' Hole diameter: 24"

Location of the source of any surface water used for drilling: _____

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: 50 feet [above or below] land surface Date measured: 6-28-16
(check one)

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: 87 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 88 feet to 127 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

Received

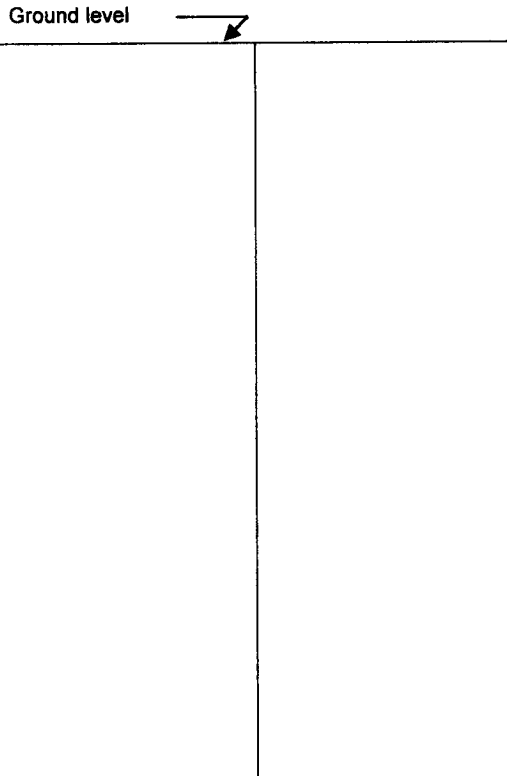
JUL 13 2016

Form: OLWR-SWR (7/14/13)
By OLWR

County: Sunflower
 Permit #: GW-49191

For Office Use Only:
 Well #: R254

*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*

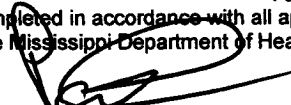
Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	34
Fine Sand	35	42
Fine Sand & Gravel	43	58
Med. Sand & Gravel	59	127

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) a north arrow

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.

0695 _____ 7-8-16  _____

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (04/08)
Received
 Form: OLWR-SWR-1A (4/13)
 JUL 13 2016

County: Sunflower
 Permit #: GW-49191
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 6-22-16
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 #: R 254
 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
Owner Name: <u>Kincade Trust</u>	Latitude: <u>33 26' 13.6"</u> Longitude: <u>90 28' 45.3"</u>
Mailing Address: <u>904 Medallion Drive</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Greenwood</u> MS <u>38930</u>	_____ 1/4 _____ 1/4, Sec <u>11</u> T <u>18N</u> R <u>3W</u>
City State Zip code	_____ Miles <u>East</u> of <u>Moorhead</u>
Telephone No. () -	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed 6-28-16 Rated Pump Capacity: 2000± 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: 60 Setting Depth: 80 feet Number of Stages: 2

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 7-8-16
 Print Name of Pump Installer and License No. (if applicable) Date
 Signature of Pump Installer

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

JUL 13 2016

By OLWR