County: Sunflower
Permit #: GW-47081
Driller: Irrigation Equipment
Date drilling completed: 09/27/2013

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 #: S131
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
(*Landowner if borehole is not for a water well*)

Owner Name: Robertson Planting
Mailing Address: 320 Macarthur Circle

Indianola (City) Ms (State) 38751 (Zip code)
Telephone No. ( ) -

Well or Borehole Location

Latitude: 33 16' 14.4 N Longitude: 90 42' 28.0 W
Method of Lat/Long (check one): ☐ Conventional Survey, ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
~~SW~~ SE ¼ SW ¼, Sec 34 T 17 N R 5 W
8 (Distance) Miles Southwest (Direction) of Inverness (Nearest Town)

Well / Borehole Data

Date drilling started: 09/27/2013 Date drilling completed: 09/27/2013 Hole depth: 113 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

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: 31 feet [☐ above or ☒ below] land surface (*check one*) Date measured: 10/03/2013

Method of Measurement (check one) ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (*describe*)

Well depth: 113 Well grouted to a depth of: 10 feet Type of grout (*check one*): ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 90 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 91 feet to 130 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

County: Sunflower

Permit #: GW-47081

For Office Use Only:

Well #: S131

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

If more than one screen, show location of each 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	39
Fine Sand	40	49
Fine Sand & Gravel	50	56
Medium Sand & Gravel	57	75
Fine Sand & Gravel	76	79
Medium Sand & Gravel	80	128
Clay	129	130

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

RECEIVED NOV 04 2013 BY: OLWR

Landowner Name: Robertson Planting

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

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.

Patrick Chism 0695	10/29/2013	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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

County: Sunflower
Permit #: GW-47081
Driller: Irrigation Equipment
Date drilling completed: 09/27/2013
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 #: S131
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

Owner Name: Robertson Planting
Mailing Address: 320 Macarthur Circle
Indianola | Ms | 38751
City | State | Zip code
Telephone No. ( ) -

Well Location

Latitude: 33 16' 14.4 N Longitude: 90 42' 28.0 W
Method of Lat/Long (check one): ☐ Conventional Survey,
☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
SW ¼ SW ¼, Sec 34 T 17 N R 5 W
8 (Distance) Miles Southwest (Direction) of Inverness (Nearest Town)

Pump Type *(check one)*

☐ Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other *(describe)*:
Date Pump Installed 10/03/2013 Rated Pump Capacity: 2500+/- 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: 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
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: None Installed 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.

Patrick Chism | 0695 | 10/29/2013 | Signature of Pump Installer
Print Name of Pump Installer and License No. *(if applicable)* | Date

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

RECEIVED
NOV 04 2013
BY