

County: Sunflower
 Permit #: GW-48925
 Driller: Irrigation Equipment Inc.
 Date drilling completed: 05/11/2015

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 #: T181
 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>Lake Dawson Plantation</u> | Latitude: <u>33 19' 06.3 N</u> Longitude: <u>90 39' 29.1 W</u> |
| Mailing Address: <u>164 Gene Lester Road</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>Isola</u> <u>Ms</u> <u>38754</u> City State Zip code | <u>SW 1/4 SW 1/4, Sec 18 T 17 N R 4 W</u> |
| Telephone No. () - | <u>4</u> Miles <u>West</u> of <u>Inverness</u> <i>(Distance) (Direction) (Nearest Town)</i> |

Well / Borehole Data

Date drilling started: 05/11/2015 Date drilling completed: 05/11/2015 Hole depth: 130' 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) Replacement

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): Replace GW-08731

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 38' feet [above or below] land surface Date measured: 05/11/2015
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 130' 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' ⁹⁰ 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

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*The sketch below only required for water wells
If well telescopes, show depths on sketch.*

Ground level



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 | 32 |
| Fine Sand | 33 | 39 |
| Fine Sand & Gravel | 40 | 69 |
| Medium Sand & Gravel | 70 | 130 |
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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

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Landowner Name: Lake Dawson Plantation

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 07/16/2015

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

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

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 #: T 181

Aquifer: _____

County: Sunflower
Permit #: GW-48925
Driller: Irrigation Equipment Inc.
Date drilling completed: 05/11/2015
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>Lake Dawson Plantation</u> | | | Latitude: <u>33 19' 06.3 N</u> | Longitude: <u>90 39' 29.1 W</u> | |
| Mailing Address: <u>164 Gene Lester Road</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 | | |
| Isola | Ms | 38754 | SW 1/4 SW 1/4, Sec 18 T 17 N R 4 W | | |
| City | State | Zip code | | | |
| Telephone No. () - | | | <u>4</u> Miles <u>West</u> of <u>Inverness</u> | | |
| | | | (Distance) | (Direction) | (Nearest Town) |

| Pump Type (check one) | |
|---|---|
| <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____ | |
| Date Pump Installed <u>05/11/2015</u> | Rated Pump Capacity: <u>2300+/-</u> Gallons Per Minute |
| Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | |
| Power Type (check one) | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____ | |
| Horse Power Rating of Motor: <u>60</u> | Setting Depth: <u>70'</u> feet Number of Stages: <u>2</u> |

| 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): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | |
| <i>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> | |

| | | |
|--|-------------|-----------------------------|
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. | | |
| <u>Patrick Chism</u> | <u>0695</u> | <u>07/16/2015</u> |
| Print Name of Pump Installer and License No. (if applicable) | Date | Signature of Pump Installer |


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

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