County:	Tallahatchie	
Permit #:	GW-47971	√
	Irrigation Eq	
	ing completed:	03/21/2014

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 #:	D99	
Aquifer:		
E-Log #:		

Mall Oumar Information	mpletion of drilling of the well or borehole. Well or Borehole Location
Well Owner Information (Landowner if borehole is not for a water well)	Mell of Poletiole Focusion
Owner Name: Dixie Farms	Latitude: 34 01' 54.1 N Longitude: 90 18' 24.8 W
Mailing Address: P.O. Box 37	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Vance Ms 38964	SE 1/2 SW 1/4, Sec 16 T 25 N R 1 W
City State Zip code	
Telephone No	1 Miles West of Brazil (Distance) (Direction) (Nearest Town)
Well / F	Sorehole Data
Date drilling started: 03/21/2014 Date drilling completed:	03/21/2014 Hole depth: 125' 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 de	evelopment: 50 PPM
Logs run (check all applicable): 🛛 No log run 🗌 Electric 🔲 Ga	mma Ray 🗌 Density 🗋 Sonic 🗎 Neutron 🗍 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geote	echnical/Geological Investigation
☐ Seismic Survey	Other (describe)
W.P. 2 . 12.5	
If drilling is not related to water well co	onstruction, skip the remainder of this block
Purpose of Well (check all applicable): Home Industrial	
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐	
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ ☐ Other <i>(describe)</i> : Replace GW-11224	I Public Supply ⊠ Irrigation □ Fish Culture
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Public Supply ⊠ Irrigation □ Fish Culture Other (describe)
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Public Supply ⊠ Irrigation □ Fish Culture Other (describe)
Purpose of Well (check all applicable): Home Industrial	Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Flow] land surface Date measured: 03/22/2014
Purpose of Well (check all applicable): Home Industrial Nother (describe): Replace GW-11224 If a flowing well, method of flow regulation: Valve feet above or be (check one) Method of Measurement (check one) Steel tape Electric to	Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Plow] land surface Date measured: 03/22/2014 Date ☐ Air line ☐ Other: (describe)
Purpose of Well (check all applicable): Home Industrial	Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Flow] land surface Date measured: 03/22/2014 Date measured: 03/22/2014 Date measured: 03/22/2014
Purpose of Well (check all applicable): Home Industrial	Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Flow] land surface Date measured: 03/22/2014 Date measured: 03/22/2014 Date measured: 03/22/2014
Purpose of Well (check all applicable): Home Industrial	Public Supply ☑ Irrigation ☐ Fish Culture Other (describe) Flow] land surface Date measured: 03/22/2014 Tape ☐ Air line ☐ Other: (describe) Det Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Microsoft
Purpose of Well (check all applicable): Home Industrial Other (describe): Replace GW-11224 f a flowing well, method of flow regulation: Valve	Public Supply ⊠ Irrigation □ Fish Culture Other (describe)
Purpose of Well (check all applicable): Home Industrial Other (describe): Replace GW-11224 f a flowing well, method of flow regulation: Valve	Public Supply ⊠ Irrigation □ Fish Culture Other (describe)
Purpose of Well (check all applicable): Replace GW-11224 f a flowing well, method of flow regulation: Valve Static Water Level: 30' feet [above or be (check one) Method of Measurement (check one) Steel tape Electric to the E	Public Supply ⊠ Irrigation □ Fish Culture Other (describe) Plow] land surface Date measured: 03/22/2014 Sape □ Air line □ Other: (describe) □
Purpose of Well (check all applicable): Home Industrial Other (describe): Replace GW-11224 f a flowing well, method of flow regulation: Valve	Public Supply ⊠ Irrigation □ Fish Culture Other (describe)

Farm manifed by Farma On A Distr 044 040 0400 Farma On ADIala and

AUG 01 2014

		Γ	For	Office Use (Inly:
County: Tallahatchie			Well #:	D 00	•
Permit #: GW-47971					
Permit #: 344-4/3/1		L	· · · · · · · · · · · · · · · · · · ·		
The sketch below only required	for water wells	Description of formations encoun and boreholes, unless specifically	ntered must	be provided for al	l wells
If well telescopes, show depths	on sketch.	ana porenoies, uniess specifically	exemptea t	y regulations	
Ground level	•	Description of Formations Enco	ountered	From (depth)	To (depth)
		Clay Brown Sand		Ground level 26	25
	+	Brown Sand Course Sand		36	35 45
		Course Sand & Gravel		46	125
		Course Sailu & Glavei			123
	1				
			·		
				· · · · · · · · · · · · · · · · · · ·	
If more than one screen, show	 w location of each on sketch				
,					
Sketch the property layout 1) the well location	t and include the following:				
2) any permanent str	uctures on the property that may	aid in locating the well			
any roads, power I	lines, or other items that may aid	in locating the property and the w	rell		
4) a north arrow					
					3
Landowner Name: D	ixie Farms				
				E	MD 44 (04:55)
I HEREBY CERTIFY that t	the well/borehole was drilled, con	structed, and completed in accord	dance with	Form: OLWR-SV all applicable	
requirements of the Missis	sippi Department of Environment	al Quality and the Mississippi Dep	partment of	Health regulation	ns,
if applicable, and state law Patrick Chism	os. 0695	07/29/2014			
	e Licensee and License No.	Date Date	Signature	of Licensee	EIVEU

Signature of Licensee

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

AUG 0 1 2014

County:	Tallahatchie	
Permit #:	ONE 47071	
	Irrigation Eq	
		03/21/2014
Date drill	ing completed: information fro	m block on Part 1

Patrick Chism

0695 Print Name of Pump Installer and License No. (if applicable)

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:
Nell #:	D99
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** Latitude: 34 01' 54.1 N Longitude: 90 18' 24.8 W Owner Name: Dixie Farms Mailing Address: P.O. Box 37 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS SE 1/4 SW 1/4, Sec 16 T 25 N R 1 W 38964 Zip code State City West Miles Telephone No. (Nearest Town) (Direction) (Distance) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Rated Pump Capacity: 2300+/-Gallons Per Minute Date Pump Installed 03/22/2014 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: 2 **Pump Test Data for Non Flowing Well** Date Well Tested: Duration of Pump Test (minimum 4 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: 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: ls 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.

> 07/29/2014 Date

Signature of Pump Installer Form: OLWR-SV

AUG 0 1 2014

BY: OLWR