

County: Tallahatchie  
 Permit #: MS-GW-49506  
 Driller: Tommy Peacock Sr  
 Date drilling completed: 6-2-16

# 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 #: H209  
 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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Delta Agrop Farm Inc</u> Mailing Address: <u>P.O. Box 924</u> <u>Aberdeen</u> <u>MS</u> <u>39730</u> City State Zip Code Telephone No. ( ) _____			<b>Well or Borehole Location</b> Latitude: <u>N33°56'10"</u> Longitude: <u>W90°26'33"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NW</u> <sup>SW</sup> <u>SE</u> <sup>NE</sup> <u>19</u> Sec. <u>19</u> T. <u>24N</u> R. <u>02W</u> <u>4</u> Miles <u>SE</u> of <u>Parchman</u> (Distance) (Direction) (Nearest Town)		
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**Well / Borehole Data**

Date drilling started: 6-2-16 Date drilling completed: 6-2-16 Hole depth: 115' Hole diameter: 24"  
 Location of the source of any surface water used for drilling: nearby ditch  
 Method of dosing and volume of Chlorine used in drilling and development: when filling tank  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle 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 (circle 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: 38' feet (above or  below) land surface Date measured: 6-2-16  
 Method of measurement (circle one):  Steel tape  Electric  Air line Other (describe): \_\_\_\_\_  
 Well depth: 115' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite Mix  
 Casing length: 75' feet Casing diameter: 16" inches Type of casing: PVC  
 Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC  
 Screen slot size: 1-032 1-050 inches Setting depth: From 75 feet to 115 feet  
 Type of completion (circle 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**  
 JUN 13 2016  
 Form: OI WR-SWR-1A (4/13)  
 By OLWR

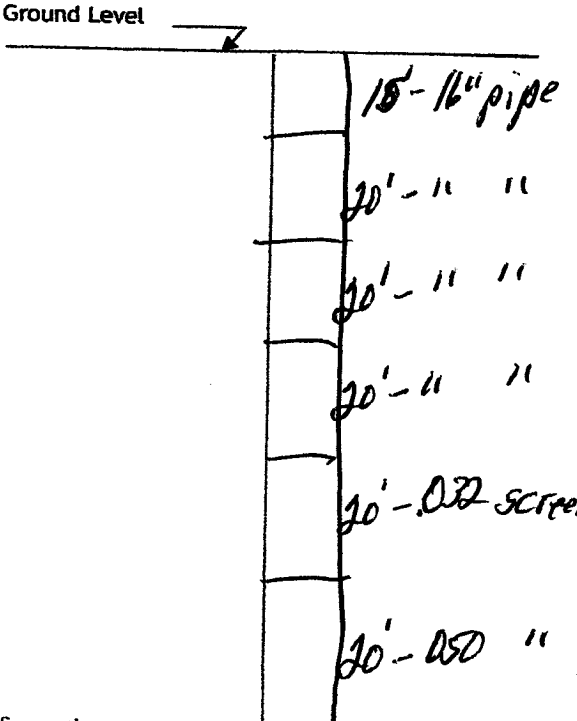
County: Tallahatchie  
 Permit #: MS-GW-49506

**For Office Use Only:**  
 Well #: A269

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)
	Ground level	
Top Soil	0	15
Clay	15	35
Fine sand	35	45
medium sand	45	60
coarse sand	65	85
coarse sand & gravel	85	115

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) north arrow

**Received**

JUL 13 2016

Landowner Name: Delta Agrop Farm Inc

**By OLWR**

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.

Tommy Peacock SR # 3409  
 Print Name of Responsible Licensee and License No.

6-19-16  
 Date

Tommy Peacock SR  
 Signature of Licensee

# 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)

County: TALLAHATCHEE  
 Permit #: GW-49506  
 Driller: TOMMY PEACOCK SR  
 Date completed: 6-2-16  
Copy information from block on Part 1

**For Office Use Only:**

Well #: H0209  
 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>DELTA AGRICULTURE FARM INC</u>	Latitude: <u>33° 56' 10"</u> Longitude: <u>90° 26' 33"</u>
Mailing Address: <u>P.O. BOX 926</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>ABERDEEN</u> <u>MS</u> <u>39730</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec. <u>19</u> T. <u>24N</u> R. <u>02W</u>
City State Zip Code	<u>2.7</u> Miles <u>SE</u> of <u>ROME</u>
Telephone No. <u>(662) 369-9531</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 6-7-16 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 80 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): 38 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 (circle 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 (circle one): New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer specifications. 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.

DAVID P. HOLT 0-752P 7-11-16 [Signature] JUL 13 2016

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