STATE		VELL REPORT	For Offic	e Use Only	
		Part 1	Well#:I	2	
Permit #: GW-48321 √	Bermit # GW-48321 √ Dr		Aquifer:		
Driffer: Irrigation Equipment	Office of Lan	ment of Environmental Qua d and Water Resources	E-Log #:	E-Log #:	
Date drilling completed: 07/25/2014	1	O. Box 2309 n, MS 39225-2309			
	(6	01) 961-5210) 360-0535 (fax)			
State Law requires that this report	• •		le for the work and	filed with th	
Department at the above address	within 30 days of con	npletion of drilling of th	e well or borehole.		
Well Owner Inform (Landowner if borehole is not f		Well	or Borehole Location	1	
Owner Name: Brazil Planting Co.		Latitude: 33 59' 07.2	N Longitude: 9	0 18' 22.1 W	
Mailing Address: 174 Milton Road		Method of Lat/Long (che	eck one): 🔲 Conver	tional Survey,	
		🔲 USGS quad, 🖾 Han	d-held GPS, 🔲 Surve	y-grade GPS	
Tutwiler Ms	38963		W 14, Sec 4 T 24 N R		
City Sta					
Telephone No. () -			lortheast of(Direction) (A	Sumner learest Town)	
	Well / B	orehole Data			
Date drilling started: 07/25/2014	Data deilling completed	07/25/201A Units domains	. 127'	2 <i>A</i> *	
		07/25/2014 Hole depth:		ameter: 24"	
Location of the source of any surface wa	ater used for drilling:	Surface Water		·	
Method of dosing and volume of Chlorin	e used in drilling and de	velopment: 50 PPM			
Logs run (check all applicable): 🛛 No lo	g run 🔲 Electric 🗌 Ga	mma Ray 🗌 Density 🔲 So	nic 🗌 Neutron 🗍 Oth	er:	
	g run 🗋 Electric 🗋 Ga	mma Ray 🗌 Density 🗍 So	nic 🗋 Neutron 🗍 Oth	er:	
Name of organization running log(s):					
Name of organization running log(s): Purpose of borehole (check one): X	Vater Well 🔲 Geoter	chnical/Geological Investiga			
Name of organization running log(s): Purpose of borehole (check one): XV	Vater Well 🔲 Geoter Seismic Survey 🗌	chnical/Geological Investiga] Other (describe)	ition 🔲 Ground Sou	urce Heat Pum	
Name of organization running log(s): Purpose of borehole (check one): ØV D <i>If drilling is not rel</i>	Vater Well Geoter Seismic Survey C lated to water well co	chnical/Geological Investiga] Other (describe) 	tion	urce Heat Pum	
Name of organization running log(s): Purpose of borehole (check one): XV	Vater Well Geoter Seismic Survey C lated to water well co	chnical/Geological Investiga] Other (describe) 	tion	urce Heat Pum	
Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not rel</i> Purpose of Well (check all applicable):	Vater Well Geoter Seismic Survey C Inded to water well co Home Industrial I	chnical/Geological Investiga] Other (describe) 	ntion	urce Heat Pum	
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Name of organization running log(s): Purpose of borehole (check one): ØV <i>If drilling is not rel</i> Purpose of Well (check all applicable): [Other (describe): If a flowing well, method of flow regulation	Vater Well Geoter Seismic Survey C I <i>ated to water well co</i> Home I Industrial I on: Valve	chnical/Geological Investiga] Other (<i>describe</i>) <i>onstruction, skip the rem</i> Public Supply ⊠ Irrigation Other (describe)	ntion	Irce Heat Pum	
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Name of organization running log(s): Purpose of borehole (check one): If drilling is not rei Purpose of Well (check all applicable): Other (describe): If a flowing well, method of flow regulations Static Water Level: 30' Method of Measurement (check one) Well depth: 127' Well grouted to a Casing length: 87' feet Screen length: 40' feet Screen slot size: .050 feet Screen slot size: .050 feet Type of completion (check all applicable) Other (describe): Top of lap pipe or reduction in casing:	Vater Well Geoter Seismic Survey G Indeed to water well co Home Industrial Home Industrial Home Industrial Home Industrial Home Industrial Setel Industrial Setel Industrial Industrial Setel Industrial Setel Industrial Industrial Setel Industrial Setel Industrial Industrial Setel Industrial Industrial Setel Industrial Industrial Setel Industrial Industrial Setel Industrial Industrial Setel Industrial Industri	chnical/Geological Investiga] Other (<i>describe</i>) pastruction, skip the rem Public Supply ⊠ Irrigation Other (describe) ow] land surface Date ape □ Air line □ Other: (<i>de</i> to Type of grout (<i>check on</i> " inches T) " inches T) . From 88' Underreamed □ Open hole	tion Ground Sou a fish Culture Prescribe) Prescribe	urce Heat Pum k 014 3 Bentonite [



	Fo	For Office Use Only:		
Tallahatchie #: _ GW-48321		5121		
ketch below only required for water wells I telescopes, show depths on sketch.	Description of formations encountered must and boreholes, unless specifically exempted	by regulations		
ind level	Description of Formations Encountered	From (depth)	To (depth	
	Clay	Ground level		
	Fine Sand	22	38	
	Fine Sand & Gravel	39	56	
	Medium Sand & Gravel	57	127	
		-	<u> </u>	
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If more than one screen, show location of each on sketch

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Sketch the property	ayout and include the following:		
1) the well locat			
2) any permane	ent structures on the property that ma	y aid in locating the w	<i>v</i> ell
	ower lines, or other items that may ai	d in locating the prop	erty and the well
4) a north arrow	1		
Landowner Name:	Brazil Planting Co.		
			Form: OLWR-SWR-1A (04/08)
LHERERY CERTIEY	that the well/horehole was drilled or	postructed and comp	eted in accordance with all applicable
requirements of the I	Vississippi Department of Environme	ntal Quality and the M	ississippi Department of Health regulations,
if applicable, and stat		,	
Patrick Chism	0695	07/29/2014	100
Print Name of Resp	onsible Licensee and License No.	Date	Signature of Licensee
			Form: OLWR-SWR-1A (4/13)
			RECEIVED
			neveivel
P		• • • • • • • • • • • • • • • • • • •	AUG 0 1 2014

BY: OLWR

······································	STATE WELL R	EPORT	For Office Use Only:
County: Tallahatchie	Part 2		Well#: J121
Permit #: GW-48321	Pump Installer's Compl	etion Report	
Driller: Irrigation Equipment	Mississippi Department of Envir Office of Land and Water	onmental Quality	Aquifer:
Date drilling completed: 07/25/2014	P.O. Box 2309		
Copy information from block on Part 1	Jackson, MS 39225 (601) 961-5210		
	(601) 360-0535 (1		
This part of the report must be complete	d by a licensed water well contractor	or a licensed pum	p installer. A copy of Part 1
of the report must be attached and both	parts filed with the Department at th	e above address wi	thin 30 days of well completion.
Well Owner Informa	tion	vv	ell Location
Owner Name: Brazil Planting Co.	Latitude:	33 59' 07.2 N	Longitude: 90 18' 22.1 W
Mailing Address: 174 Milton Road	Method o	Lat/Long (check o	one): 🔲 Conventional Survey,
		quad, 🛛 Hand-he	eld GPS, 🔲 Survey-grade GPS
Tutwiler Ms	38963	<u>NE</u> ¼ <u>NW</u> ½	ά, Sec <u>4</u> Τ <u>24 Ν</u> R <u>1 W</u>
City State			
Telephone No. () -	3(Distan		heast of Sumner (Nearest Town)
	Pump Type (check on		
	• • • •		Char (decerbe):
□ Submersible Turbine □ Air Lift □ 0			
Date Pump Installed 07/28/2014		Capacity: 2000	Gallons Per Minute
Is This Pump (check one): 🛛 New 🗌 Re	Power Type (check on	e)	
🔲 Electric 🛛 Diesel 🗆 Gasoline 🗆 Natu	ral Gas 🔲 Tractor PTO 🔲 Windmill	Other (describe	e):
Horse Power Rating of Motor: 60			
	Pump Test Data for Non Flow	ving Well	
Date Well Tested:	Duration (of Pump Test (<i>min</i> i	imum 4 hours): Hours
Static Water Level (A): Fe	et Below Land Surface Pumping	Water Level (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:	Feet Below Land Surface Test F	umping Rate:	Gallons Per Minute
Method of measurement (check one):	Steel tape 🗌 Electric tape 🔲 Air lin	e 🛛 Other (descri	be):
	Pump Test Data for Flowi	ig Well	
Measured shut in head:	_ Feet		
Well yielded GPM with	a drawdown of	feet after	hours of pumping
· · · · · · · · · · · · · · · · · · ·			
	Meter Installation		
Meter Model Number/Name:			
Totalizer Register Unit and Multiplier Fac			
Installation Date:	Meter installed by:		
Is This Meter (check one): 🗌 New 🗌 Re	epaired 🔲 Replacement		
Important: By submitting the above For agricu	information you are certifying that Itural wells, a list of approved meter	this meter was inst s is on the MDEQ	alled to manufacturer standards. website.
HEREBY CERTIFY that the above stat	ements are true to the hest of much	owiedae	1)
FIEREDT GERTIFT that the above Stat	ements are true to the best of my ki		502
Patrick Chism 0695		//29/2014	
Print Name of Pump Installer and Lice	nse No. (If applicable)	Date	Signature of Pump Installer Form: OLWR-SWR 18/(4/4)
			Form OLWR SWR 18 (44)
			ALLC A 1 2014
Fauna analidad bis Fauna on A Diale 0440	IA AIAA Famaaan IDiak aam		AUG 01 2014
			DV. ANA/C
			BY: OLWF

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