

STATE WELL REPORT

196

County: Tunica
 Permit #: GW-5228
 Driller: Chris Smalley
 Date drilling completed: 7-7-20

Part I
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: B112
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Innes Crews Family Trust</u>	Latitude: <u>34 18 15.03</u> Longitude: <u>-90. 23 49 78</u>
Mailing Address: <u>MP Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PO Box 2128</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Tunica MS 38076</u>	<u>SW</u> <u>NW</u> <u>sec 35 + 35 R 12W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>East</u> of <u>Robinsonville, MS</u>
Telephone No. _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-7-20 Date drilling completed: 7-7-20 Hole depth: 102 Hole diameter: 102

Location of the source of any surface water used for drilling: Groundwater well at drilling site

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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: 22 feet above or below land surface Date measured: 7-8-20
(check one)

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

Well depth: 102 Well grouted to a depth of: 10 feet Type of grout (check one): Heat Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.30 inches Setting depth: From 62 feet to 102 feet

Type of completion (check all applicable): gravel packed Underreamed Open hole Slotted pipe 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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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: <u>Tunica</u>
Permit #: <u>GW-51228</u>
Driller: <u>Chris Shackley</u>
Date completed: <u>7-8-20</u>
Copy information from block on Part 1

For Office Use Only:
Well #: <u>B 112</u>
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>Thomas R Crows Family Trust</u>	Latitude: <u>34.781503</u> Longitude: <u>-90.236978</u>
Mailing Address: <u>MP Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PO Box 2128</u>	USCS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey grade GPS _____
<u>Tunica, MS 38626</u>	<u>SW 1/4 NW 1/4 Sec 35 T 35 R 10W</u>
City: _____ State: _____ Zip Code: _____	<u>4</u> Miles <u>East</u> of <u>Robinsonville MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input type="checkbox"/> Turbine <input checked="" 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>7-8-20</u>	Rated Pump Capacity: <u>2500</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)	
Electric <input type="checkbox"/> Diesel <input checked="" 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>100</u>	Setting Depth: <u>80</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): 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>	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Chris Shackley 2561</u>	<u>9-14-20</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT
TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

General Permit: MRVA-002
Certificate Number: MS-GW-51228
Total Permitted Acreage: 150

Landowner Name: CREWS, THOMAS R, FAMILY TRUST
Landowner Address: 2139 WATERMARKE PLACE
IRVINE, CA 92612

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NW 1/4 Section: 35 Township: 03S Range: 10W
County: TUNICA Quadrangle: BANKS

Permitted Acreage: Irrigation: 150 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: MP FARMS
Applicant Address: PO BOX 2128
TUNICA, MS 38676

Date Original Permit Issued: 07/09/2020
Date Coverage Expires: 07/06/2023
Date Coverage Modified:
Date Coverage Granted:

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SPECIAL TERMS AND CONDITIONS 1
See Attachment I which is hereby declared part of this permit.
SPECIAL TERMS AND CONDITIONS 2:
REPLACEMENT WELL FOR MS-GW-08791