

County: Tunica
 Permit #: GW-50065 ✓
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 5-10-17

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 #: E67
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>American Farm Group Inc / David Fisher</u>	Latitude: <u>34° 43' 57.1"</u> Longitude: <u>090° 14' 11.1"</u>
Mailing Address: <u>P.O. Box 104</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>Inverness</u> MS <u>38753</u> City State Zip code	<u>NE 1/4 SE 1/4</u> , Sec <u>15</u> T <u>4S</u> R <u>10W</u>
Telephone No. <u>() -</u>	<u> </u> Miles <u>North</u> of <u>Prichard</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-10-17 Date drilling completed: 5-10-17 Hole depth: 116' 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) _____

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: 17' feet [above or below] land surface Date measured: 5-17-17
(check one)

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

Well depth: 116' Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 76 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 72 feet to 111 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

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

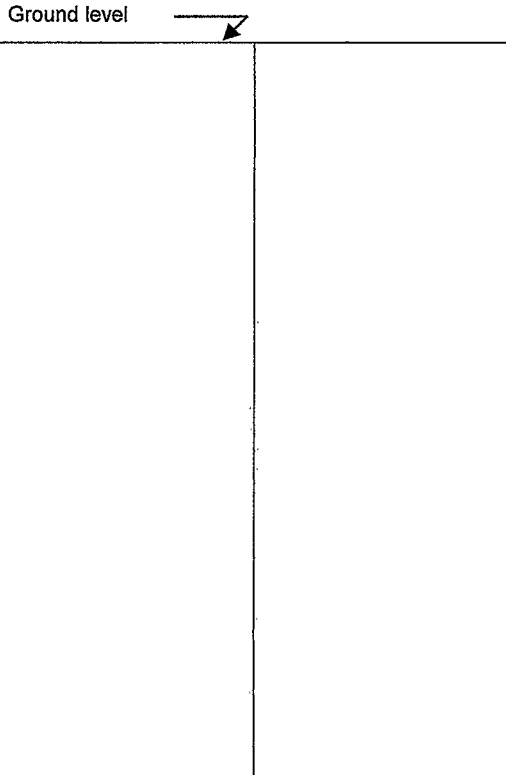
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 JUN 29 2017
 BY OLWR

County: Tunica
Permit #: GW-50065

For Office Use Only:
Well #: E67

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)
Clay	Ground level	34
Fine Sand	35	45
Med. Sand & Gravel	46	111
Fine Sand	112	116

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

**RECEIVED
JUN 29 2017
BY OLWR**

Landowner Name: _____

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.

0695 _____ **6-22-17** _____
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

County: Tunica
 Permit #: GW-50065
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 5-10-17
Copy information from block on Part 1

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 #: E67
 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>American Farm Group Inc / David Fisher</u>	Latitude: <u>34° 43' 57.1"</u> Longitude: <u>090° 14' 11.1"</u>
Mailing Address: <u>P.O. Box 104</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Inverness</u> <u>MS</u> <u>38753</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE 1/4 SE 1/4, Sec 15 T 4S R 10W</u>
Telephone No. <u>() -</u>	<u> </u> Miles <u>North</u> of <u>Prichard</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed 5-17-17 Rated Pump Capacity: 2000+/- Gallons Per Minute

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): _____ 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: _____ 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: _____

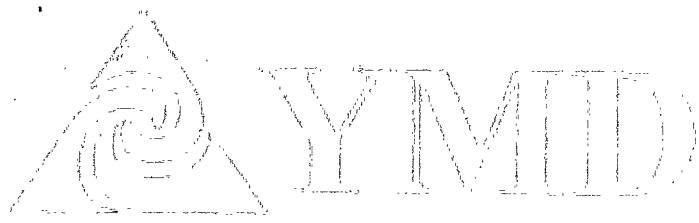
Is This Meter (check one): New Repaired Replacement

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.

0695 6-22-17
 Print Name of Pump Installer and License No. (if applicable) Date


 Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)



Mississippi
Department of
Environmental
Quality
600 North
Gustine Avenue
Birmingham, AL 35203
205-261-5000

Mississippi Delta Basin Water Advisory Committee (MWBAC)

June 17, 2017

Ann Shinn House (George Lee)
David Foster
400 Hwy 100
Birmingham, AL 35203

RE: Mississippi River Delta Basin Water Advisory Committee Meeting
The following information is being provided to you for your information.
The meeting will be held on June 20, 2017 at 10:00 AM in the
Lobby of the Alabama State Capitol, 400 North
Gustine Avenue, Birmingham, AL 35203.

Meeting Agenda:

This meeting is open to the public. The agenda for this meeting is as follows:
1. Roll Call
2. Approval of the Minutes from the previous meeting
3. Presentation by the Delta Basin Water Advisory Committee
4. Presentation by the Alabama Department of Environmental Quality
5. Public Comment
6. Meeting Adjourns

Members of the public who wish to present a statement or testimony at this meeting should contact the staff of the Alabama Department of Environmental Quality at least 10 business days in advance of the meeting. The staff will provide you with the necessary information and forms to present your statement or testimony.

A copy of this letter, as well as a copy of the agenda for this meeting, will be provided to you by email. If you do not receive a copy by email, you may contact the staff of the Alabama Department of Environmental Quality at the phone number listed above.

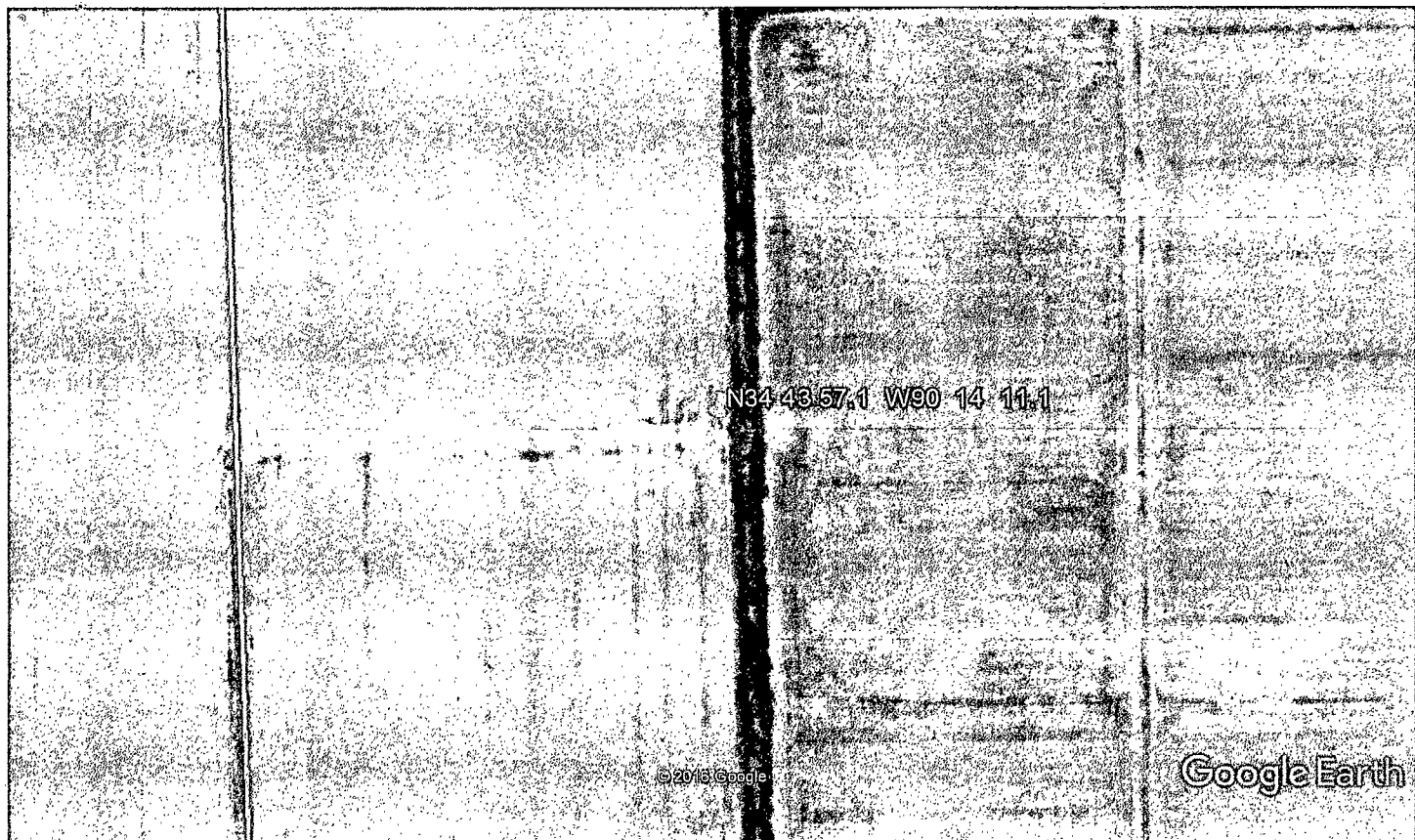
If you have any questions, please call the staff of the Alabama Department of Environmental Quality at the phone number listed above.

Sincerely,

David Foster

David Foster
Alabama Department of Environmental Quality

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