

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 #: H 246
Aquifer: _____
E-Log #: _____

County: Washington
Permit #: GW-49082
Driller: J. Newcome 0-773
Date drilling completed: 5/27/16

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>Farmland Reserve INC</u>	Latitude: <u>33 18.02</u> Longitude: <u>90.53.07</u>
Mailing Address: <u>139 East South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Temple Suite 600</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Salt Lake City</u> <u>UT</u> <u>84111</u>	<u>SW 1/4 SW 1/4</u> , Sec <u>24</u> T <u>17N</u> R <u>07W</u>
City State Zip Code	<u>2.1</u> Miles <u>BN</u> of <u>Arcola, MS</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

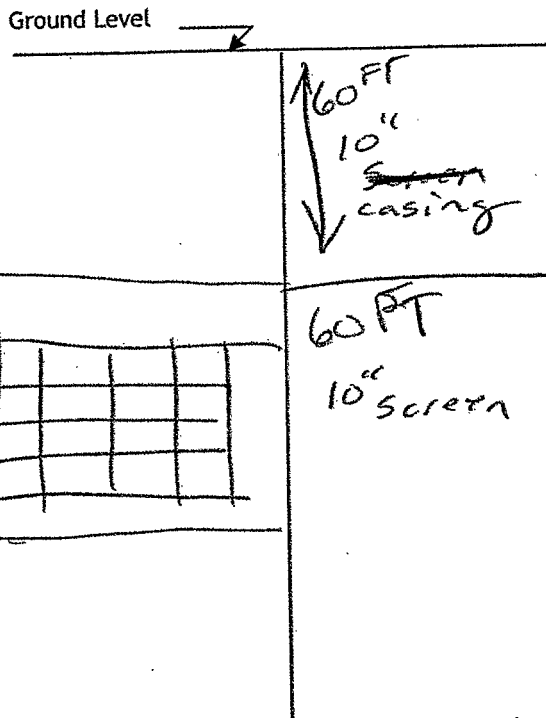
Well / Borehole Data
Date drilling started: <u>5/27</u> Date drilling completed: <u>5/27</u> Hole depth: <u>122</u> Hole diameter: <u>20</u>
Location of the source of any surface water used for drilling: <u>Creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>chlorine</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: <u>MAR 16 2017</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Washington
 Permit #: GW-49082

For Office Use Only:
 Well #: H246

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)
Top Soil	Ground level	10
Clay	10	60
sand	60	90
med Coarse	90	120
Bottom	120	122

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

See Map

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.

JOHN NEWCOMB 0.773 9.2.16 Jd Newcomb
 Print Name of Responsible Licensee and License No. Date 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)

For Office Use Only:

Well #: H246
 Aquifer: _____

County: Washington
 Permit #: GW-49082
 Driller: J Newcome 0-777
 Date completed: 5/27/16
Copy information from block on Part 1

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>Farmland Reserve INC</u>	Latitude: <u>33-18-02</u> Longitude: <u>90-53-07</u>
Mailing Address: <u>139 East South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Temple Suite 600</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Salt Lake City UT 84111</u>	<u>Sw 1/4 Sw 1/4, Sec 24 T17N R07W</u>
City _____ State _____ Zip Code _____	<u>2.1</u> Miles <u>N</u> of <u>Arcola</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6/12/16 Rated Pump Capacity: 1200 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: 30 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): _____ hour

Static Water Level (A): Not Tested 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): RECEIVED

Pump Test Data for Flowing Well

Measured shut in head: _____ feet. Not Tested MAR 18 2017

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: _____

Meter Model Number/Name: M0306 Type of Meter: propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF x .001

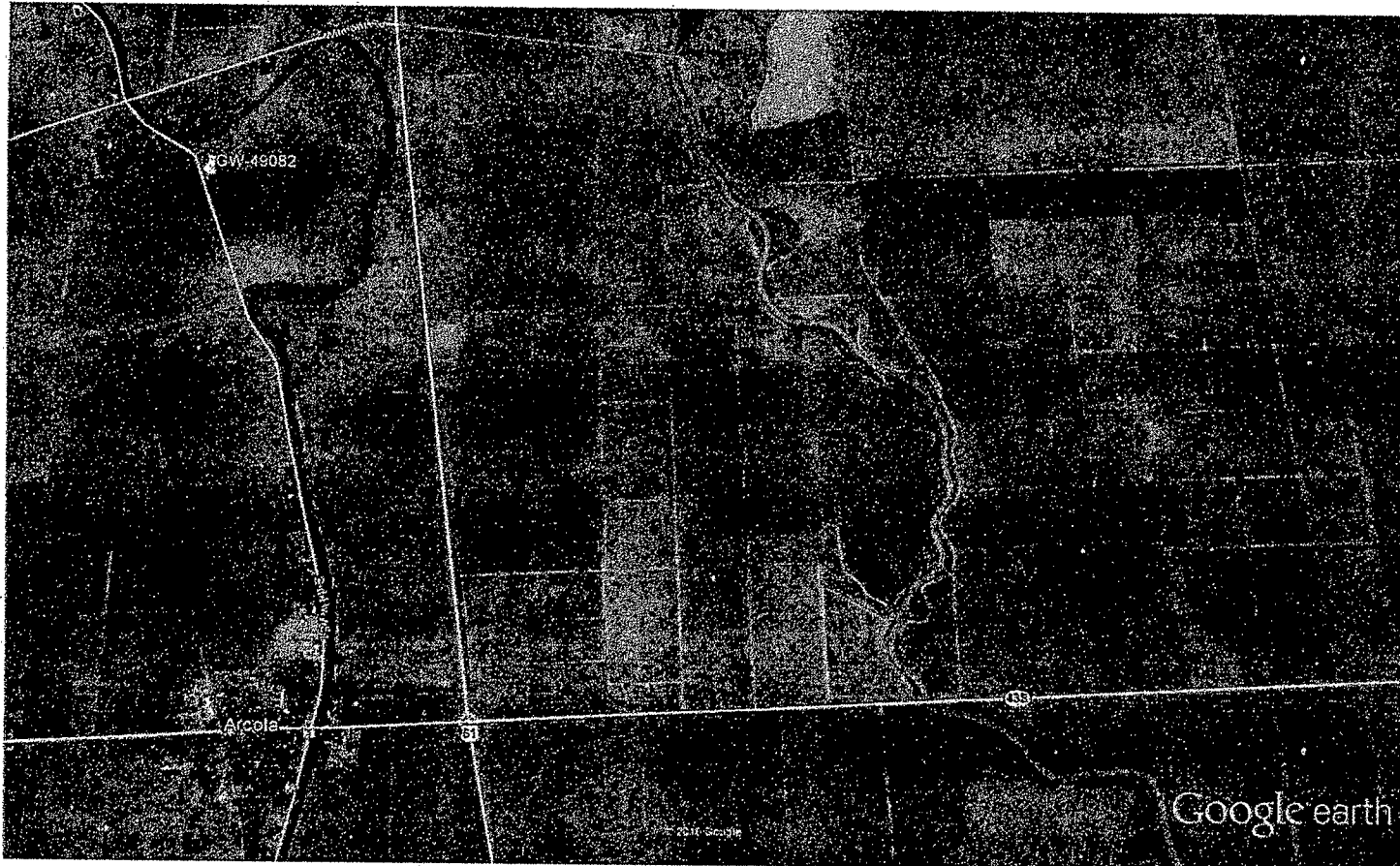
Installation Date: 6/12/16 Meter installed by: Chicot Irrigation

Is This Meter (circle one): New Repaired Replacement

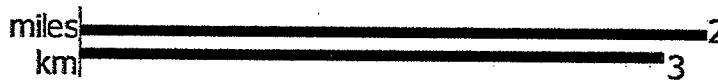
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Hubbard Stephens 7411-P 8/1/16 Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Google earth



RECEIVED
 MAR 16 2017
 BY WR

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

H246

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-49082

Landowner Name: FARMLAND RESERVE INC

Landowner Address: 139 EAST SOUTH TEMPLE SUITE 600
SALT LAKE CITY UT 84111

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the SW 1/4

Section: 24 **Township:** 17N **Range:** 07W

County: WASHINGTON

Quad: ARCOLA

Maximum Volume: 50 Acre-Feet/Year *equivalent to* .0446 Million Gallons/Day

Maximum Rate: 1500 Gallons/Minute

Applicant Name: CROWE AND FURR FARMS

Applicant Address: PO BOX 66
HOLLANDALE MS 38748

RECEIVED

MAR 16 2017

BY OLWR

Date Permit Issued: 09/25/2015

Date Permit Expires: 09/25/2020

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:



Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality