

County: Washington
 Permit #: 50378
 Driller: Charles M. Nichols
 Date drilling completed: 5-25-18

State Well Report
Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J 140
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Peter UNRUH</u>	Latitude: <u>33° 19' 29.83</u> Longitude: <u>90° 47' 15.63</u>
Mailing Address: <u>Gerber Plantation inc</u> <u>303 N. Broad St.</u> <u>Delaware MS 38756</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>14</u> Twn <u>17N</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town Miles _____ of _____

Well / Borehole Data

Date drilling started: 5-25-18 Date drilling completed: 5-25-18 Hole depth: 120' Hole diameter: 24"

Location of the source of any surface water used for drilling: Other well

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 24' feet above or below (circle one) land surface Date measured: 5-29-18

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 120' Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .030 inches Setting depth: From 50 feet to 120 feet


Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level. 

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	8
Sand	8	20
CS Sand	20	30
medium sand	30	40
Med. sand	40	50
Med to CS Sand	50	60
CS Sand + P gravel	60	80
CS sand + gravel	80	120

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.

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Landowner Name: _____

I 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.

Charles M. Nichols 0667 6-14-18
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
Signature of Licensee

Form: OLWR-SWR-1A

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Washington
 Permit #: 50378
 Driller: Charles M. Nichols
 Date completed: 5-29-18
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J190
 Elevation: _____

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>Peter unruh</u>	Latitude: <u>33 19 29.43" N</u> Longitude: <u>90 47 15.63" W</u>
Mailing Address: <u>Gerber Plantation inc</u> <u>303 N. Broad St</u> <u>Leland MS 39256</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW 1/4 NE 1/4 Sec 14 T 17N R 6W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 hp</u>
Date Pump Installed: <u>5-29-18</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2,300</u> Gallons Per Minute	Number of Stages: <u>2</u>

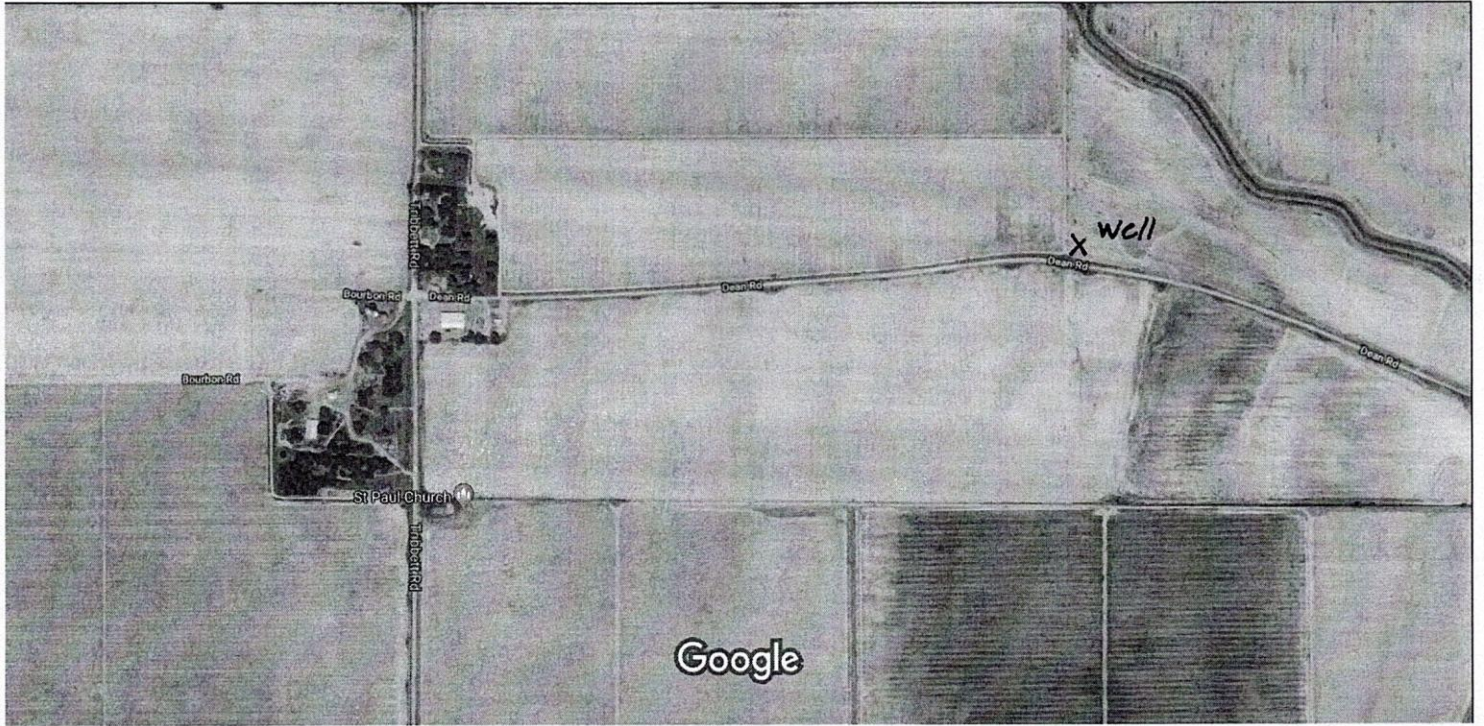
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Charles Z. Nichols 8221
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

Google Maps



Imagery ©2018 Google, Map data ©2018 Google 500 ft

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STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

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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-50378

Landowner Name: GERBER PLANTATION INC

Landowner Address: 303 NORTH BROAD STREET
LELAND MS 38756

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 14 **Township:** 17N **Range:** 06W

County: WASHINGTON

Quad: TRIBBETT

Maximum Volume: 285 Acre-Feet/Year equivalent to .2544 Million Gallons/Day

Maximum Rate: 2000 Gallons/Minute

Applicant Name: GERBER PLANTATION INC

Applicant Address: 303 NORTH BROAD STREET
LELAND MS 38756

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Date Permit Issued: 04/10/2018

Date Permit Expires: 04/10/2023

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: WATER VOLUME MUST BE REDUCED BY AMOUNT OF WATER APPLIED TO THE SAME ACREAGE FROM OTHER PERMITTED POINTS.

Gary C. Rikard

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