

E-D 10/11

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 #: L 209
Aquifer: _____
E-Log #: _____

County: Washington
Permit #: GW-49575
Driller: J. Newcome 0-773
Date drilling completed: 6/29/16

State Law requires that this report be prepared by the licensee 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>Four C Land Company</u> | | | Latitude: <u>33° 14' 26"</u> | Longitude: <u>090° 52' 18"</u> |
| Mailing Address: <u>1897 Dove Cove</u> | | | Method of Lat/Long (check one): Conventional Survey _____ | |
| | | | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ | |
| <u>Tupelo</u> | <u>MS</u> | <u>38801</u> | <u>NW 1/4 NE 1/4, Sec 13 T. 16N R. 07W</u> | |
| City | State | Zip Code | | |
| Telephone No. () _____ | | | <u>2</u> Miles | <u>S</u> of <u>Arcola</u> |
| | | | (Distance) | (Direction) (Nearest Town) |

| Well / Borehole Data | |
|--|---|
| Date drilling started: <u>6-29-16</u> | Date drilling completed: <u>6-29-16</u> Hole depth: <u>122</u> Hole diameter: <u>24</u> |
| Location of the source of any surface water used for drilling: <u>ditch</u> | |
| Method of dosing and volume of Chlorine used in drilling and development: <u>chlorine tablets</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 | |
| 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: _____ (circle one) | |
| 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 Mix | |
| Casing length: <u>70</u> feet | Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u> |
| Screen length: <u>50</u> feet | Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u> |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>70</u> feet to <u>50</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 | |

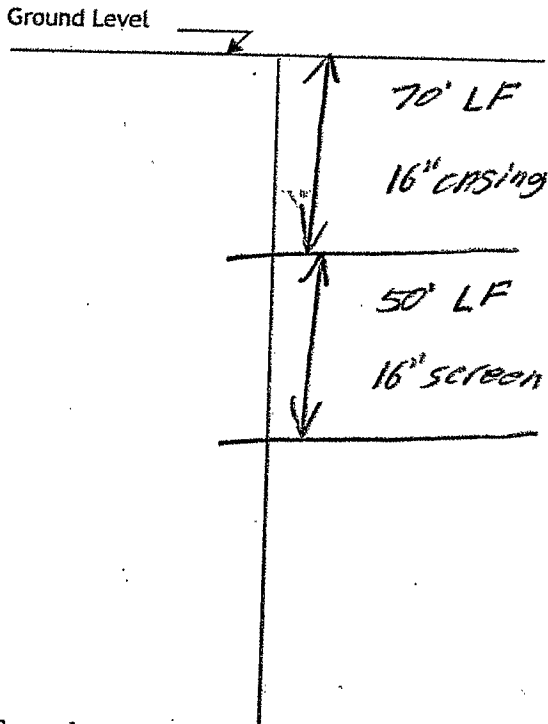
If telescoped or more than one screen, describe on next page

County: Washington
 Permit #: _____

For Office Use Only:
 Well #: L209

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 | 25 |
| Fine sand | 25 | 65 |
| Sand | 65 | 80 |
| Med sand | 80 | 85 |
| Med coarse | 85 | 95 |
| Med sand | 95 | 105 |
| Med coarse | 105 | 120 |
| Bottom | 120 | 122 |
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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 NEWCOME 0-773 9-2-16 *[Signature]*
 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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: L209
Elevation: _____

County: Washington
Permit #: GW-49575
Driller: S. Newcome 0-773
Date completed: 6/29/16
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>Four C Land Company</u> | Latitude: <u>33 14 26</u> Longitude: <u>90 52 18</u> |
| Mailing Address: <u>1897 Dove Cove</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>Tupelo</u> <u>MS</u> <u>38801</u> | <u>NW 1/4 NE 1/4 Sec 13 T 16N R 07W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>2</u> Miles <u>5</u> of <u>Arcola</u> |
| Telephone No. () _____ | |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> RECEIVED Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): <u>MAR 16 2017</u> |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> feet WR |
| Date Pump Installed: <u>7/1/16</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>Not Tested</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): <u>Not Tested</u> |
| 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 | |

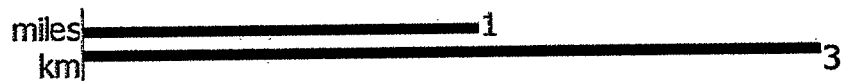
This is for (circle one): New Well Replacement of Existing Pump **Repair of Existing Pump**

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

Hubbard Stephens 741-P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



Google earth



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MAR 13 2017

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STATE OF MISSISSIPPI

L209

Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

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-49575

Landowner Name: FOUR C LAND COMPANY

Landowner Address: 1897 DOVE COVE
TUPELO MS 38801

RECEIVED
MAR 16 2017
VR

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 **Section:** 13 **Township:** 16N **Range:** 07W

County: WASHINGTON

Quad: HOLLANDALE

Maximum Volume: 225 Acre-Foot/Year *equivalent to* .2008 Million Gallons/Day

Maximum Rate: 3000 Gallons/Minute

Applicant Name: C C AND B FARMS

Applicant Address: PO BOX 66
HOLLANDALE MS 38748

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Date Permit Issued: 07/18/2016

Date Permit Expires: 10/26/2019

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: REPLACEMENT WELL FOR MS-GW-11300

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