

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: E 93

Aquifer: _____

E-log #: _____

County: Yazoo
Permit #: MS-GW-50130
Driller: Charles H. McTee
Date drilling completed: 9/5/18

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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>John F. Phillips</u> Mailing Address: <u>4042 Hwy 16</u> <u>Yazoo City</u> <u>MS</u> <u>39194</u> City State Zip Code Telephone No. (____) _____</p>	<p style="text-align: center;">RK 32 Well or Borehole Location</p> <p>Latitude: <u>33 54 22</u> Longitude: <u>90 29 28</u> Method of Lat/Long (check one) Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE 1/4</u> Sec. <u>10</u> T. <u>12N</u> R. <u>03W</u> <u>3</u> Miles <u>N</u> of <u>Yazoo City</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 9/5/18 Date drilling completed: 9/5/18 Hole depth: 105 Hole diameter: 24"
Location of the source of any surface water used for drilling: Broad Lake
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 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: 21 feet above or below land surface Date measured: 9/6/18
(check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 10.32 inches Setting depth: From 6.5 feet to 105 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

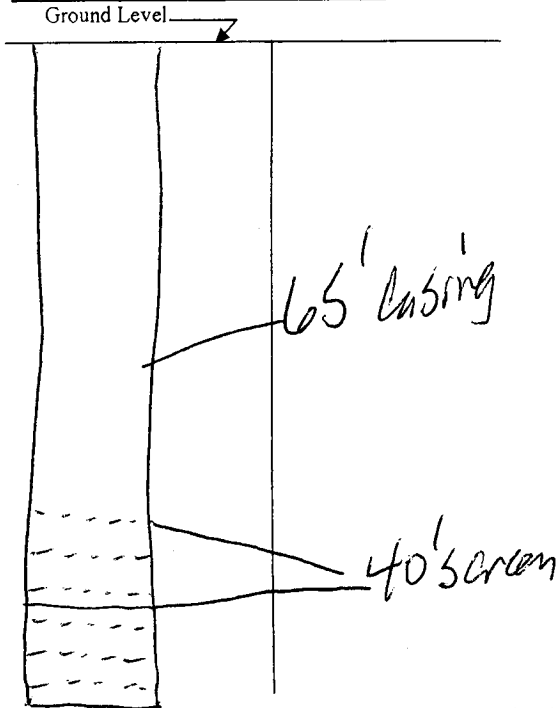
F93

JACOBS
SARTAIN
BROAD LEAKE

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	15'
SAND	14	25'
SAND	24	35'
SAND	34	45'
SAND	44	55'
SAND / ROCKS	54	65'
ROCKS	64	75'
SAND / ROCKS	74	85'
SAND / ROCK	84	95'
SAND / ROCK / CLAY	94	105'

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.

Landowner Name: _____

Form OLWR-SWR-1A (01-08)

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.

Chad H. Mattox CML-2243
 Print Name of Responsible Licensee and License No.

11/1/19
 Date

[Signature]
 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 #: F93

Aquifer: _____

County: Yazoo
 Permit #: MS-GW-50130
 Driller: Chad McFoy
 Date completed: 9/6/18
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>John F. Phillips</u>	Latitude: <u>33° 54' 22"</u> Longitude: <u>90° 29' 28"</u>
Mailing Address: <u>4042 Hwy 16</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Yazoo</u> City	USGS quad, _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>MS</u> State	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>10</u> , <u>12N</u> , <u>R03W</u>
<u>39194</u> Zip Code	<u>3</u> Miles <u>N</u> of <u>Yazoo City</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 9/6/18 Rated Pump Capacity: 2500 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: 40 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

Chad McFoy 4NR-8243 11/19 Chad McFoy
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A 14/15

STATE OF MISSISSIPPI
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-50130

Landowner Name: PHILLIPS, JOHN F
Landowner Address: 4042 HIGHWAY 16
YAZOO CITY MS 39194

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: WILDLIFE MANAGEMENT

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 **Section:** 10 **Township:** 12N **Range:** 03W

County: YAZOO **Quad:** CARTER

Maximum Volume: 100 Acre-Feet/Year *equivalent to* .0893 Million Gallons/Day
Maximum Rate: 2500 Gallons/Minute

Applicant Name: J SARTAIN CONSTRUCTION LLC
Applicant Address: 106 FIRST CHOICE DRIVE
MADISON MS 39110

Date Permit Issued: 12/29/2017

Date Permit Expires: 12/29/2022

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