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Form: OLWR-SWR-1A (04/08)

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Other (describe): _____

Type of completion (circle all applicable): Gravel-packed Undereamed Telescoped Open hole Natural Development

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Screen length: _____ feet Screen diameter: _____ inches Type of screen: PVC-40

Casing length: _____ feet Casing diameter: _____ inches Type of casing: PVC-40

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

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 7-22-10

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

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Location of the source of any surface water used for drilling: Atkins Edge Field

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 10ppm

Date drilling started: 7-20 Date drilling completed: 7-21 Hole depth: 100 Hole diameter: 28

Well / Borehole Data

Well or Borehole Location

Latitude: 33° 59' 56" N Longitude: 90° 50' 04" W

Method of Lat/Long (circle one): Hand-held GPS, Survey-grade GPS Conventional Survey

USGS quad Hand-held GPS, Survey-grade GPS

SE 1/4 NE 1/4 Sec 32 Twn 25 N Rng 6 W

Distance _____ Miles Direction _____ of _____ Nearest Town _____

Telephone No. (662) 627-7827

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: Keap Boss Brashy, LLC

Mailing Address: 128 Ridgeway Lane

City: Clarksdale MS Zip Code: 38614 State: _____

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.

For Office Use Only:

Acquirer: A 126

Well #: _____

L. S. Elevation: _____

E-log #: _____

Part 1 - Driller's Log

State Well 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)

County: Bolivar

Permit #: 662-HH46

Driller: Pete Suggs

Date drilling completed: 7-21-10

#10-369

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Signature of Licensee

Date

Print Name of Responsible Licensee and License No.

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

Form: OLRW-SWR-1A (04/08)

Landowner Name: Way Boss Rocky Lake Farms

See Attached Map

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.

If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Clay sand	22'	22'
Fine sand	22'	24'
Coarse Sand-Low level	24'	100'
Ground Level		

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

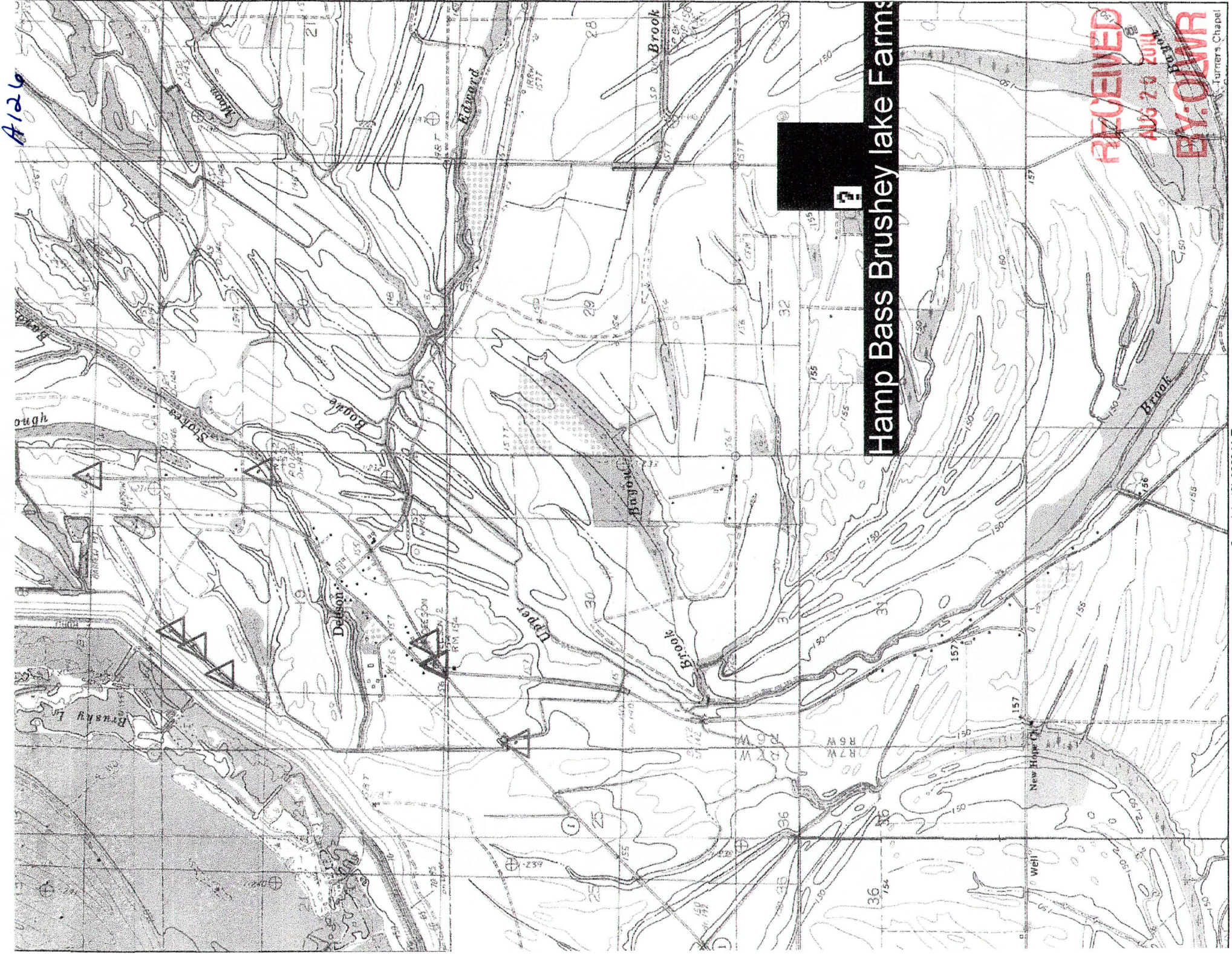
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

If well telescopes, show depths on sketch

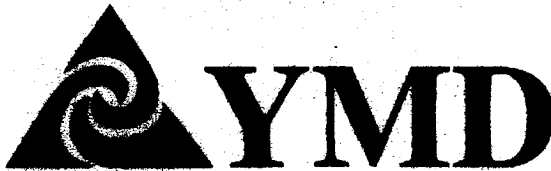
Ground Level

A126



Hamp Bass Brushey lake Farms

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BY: OLWR
Turners Chapel



Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

A126

Yazoo Mississippi Delta Joint Water Management District

July 16, 2010

**Hamp Bass
7 Cypress Ridge Rd
Clarksdale MS 38614**

RE: Well Drilling / Authorization

Permit No: GW-4446

Dear Hamp Bass,

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

Location: SE1/4 of the NE1/4 Section _32_Township-25N_Rage_06W_County -Bolivar

A copy of this notice or permit must be attached to the State Well Report that is submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

Please be sure to complete the application process. This is a temporary notice until you receive your permit. If you have any questions please call our office at 662/686-7712.

Sincerely,

**Dillard Melton Jr.
Permitting Director**

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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)

County: BOLIVAR
 Permit #: GW-44446
 Driller: Pete Sappington
 Date completed: 7-21-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: A126
 Well #: _____
 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>HAMP BASS</u>	Latitude: <u>33° 59' 56.0"</u> Longitude: <u>90° 50' 44"</u>
Mailing Address: <u>128 Ridgecrest Lane</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Clarksdale, MS 38614</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> T <u>25N</u> R <u>6W</u>
Telephone No. <u>(662) 627-7827</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Shalby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>7-24-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>22</u> 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.

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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