

County: Bolivar
 Permit #: GW-44740
 Irrigation Equipment
 Date drilling completed: 3-23-11

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: A129
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Bass Farms</u> Mailing Address: <u>7 Cypress Ridge Road</u> <u>Clarksdale Ms. 38614</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33-59-45.1</u> Longitude: <u>90-50-22.2</u> <u>45</u> <u>22</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 32 Twn 25N Rng 6W</u> Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Shelby</u></p>
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Well / Borehole Data

Date drilling started: 3-23-11 Date drilling completed: 3-23-11 Hole depth: 124 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 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: _____ feet above (below) (circle one) land surface Date measured: _____

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

Well depth: 124 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 85 feet to 124 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.*

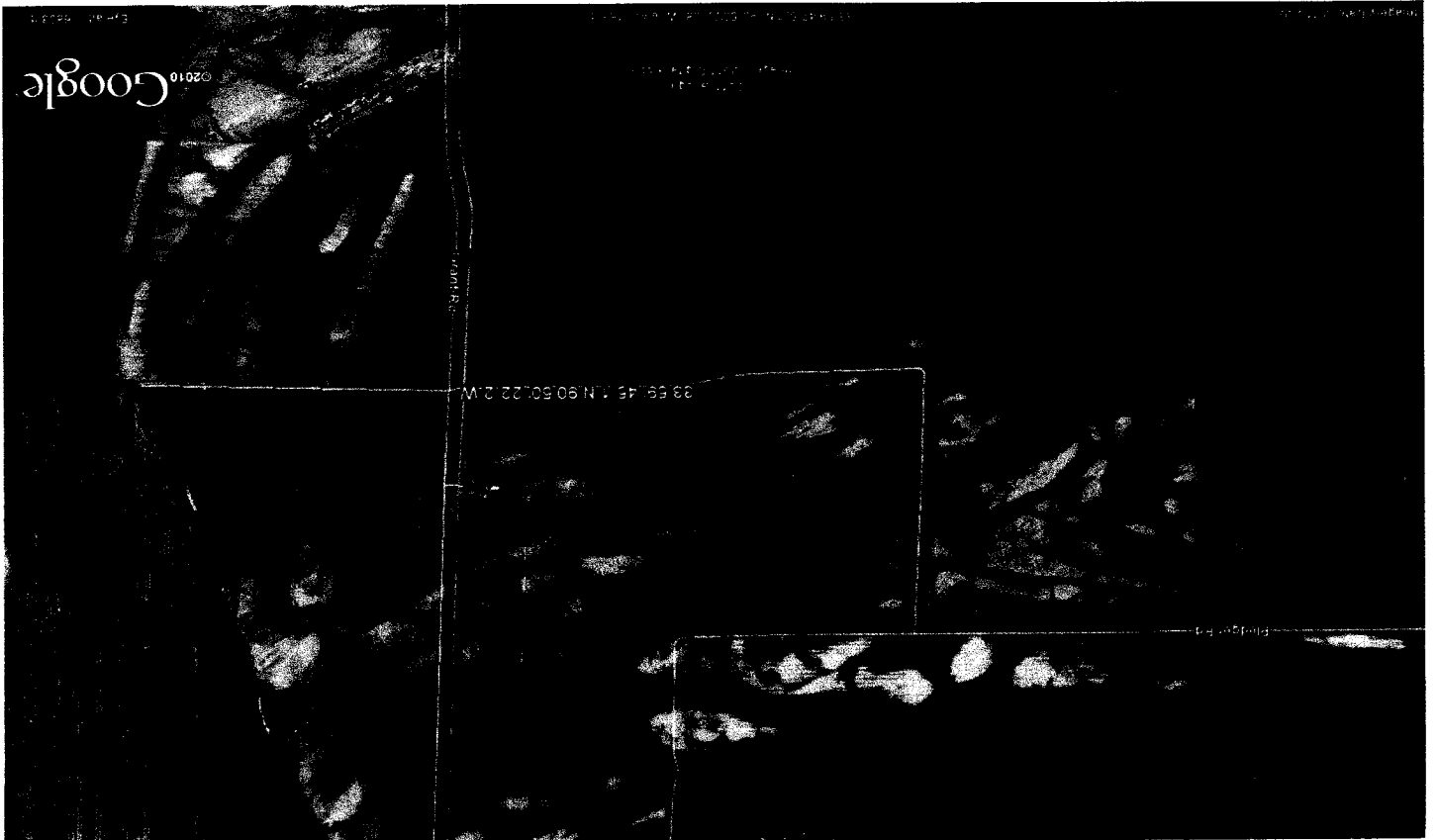
Form: OLWR-SWR-1A (04/08)

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BY: OLWR

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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-44740
 Driller: Irrigation Equipment
 Date completed: 3-23-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A129
 Elevation: _____

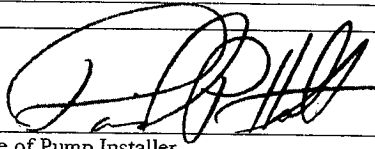
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bass Farms</u>	Latitude: <u>33° 59.451"</u> Longitude: <u>90° 50.222"</u>
Mailing Address: <u>7 Cypress Ridge Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> <u>MS</u> <u>38644</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>32</u> T <u>25N</u> R <u>6W</u>
Telephone No. <u>(601) 627-7827</u>	Distance Direction Nearest Town
	<u>2.2</u> Miles <u>SE</u> of <u>DEESON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: 3-23-11 <u>3-30-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</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 Steel Tape
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.

DAVID P. HOLT 0-752P 

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Yazoo Mississippi Delta Joint Water Management District

A129

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

March 28, 2011

Bass Farms
7 Cypress Ridge Road
Clarksdale MS 38614

RE: Well Construction / Drilling

Permit No: GW-44740

Dear Bass Farms,

This authorization letter is for 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. In a few weeks you will receive a notice of intent that should be published in your local newspaper.

Location: NE1/4 of the SE1/4 Section 32 Township 25N Range 06W County Bolivar

A copy of this notice or a water use permit must be attached to the State Well Report. 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.

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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BY: OLWE