

#1

County: Bolivar
 Permit #: GW-45291 ✓
 Driller: Clarence McMurry
 Date drilling completed: 7-19-11

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: A134
 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>Mike Watts</u> Mailing Address: <u>56 John Street</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 902-6122</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 05' 49.21"</u> Longitude: <u>90° 48' 10.07"</u> Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>10</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 SE 1/4 Sec. 27</u> Twp <u>26N</u> Rng <u>06W</u> ✓ Distance Direction Nearest Town <u>13.45</u> Miles <u>NE</u> of <u>Clarksdale</u> <u>#1418</u></p>
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Well / Borehole Data

Date drilling started: 7-19-11 Date drilling completed: 7-19-11 Hole depth: 119' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____

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 or below (circle one) land surface Date measured: _____

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

Well depth: 119' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 69 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 69 feet to 119 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: N/A feet *If telescoped or more than one screen, describe on next page*

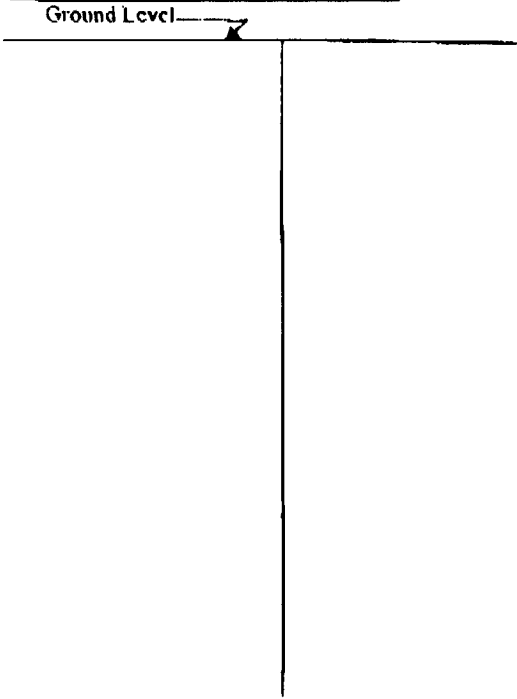
Well Only

A134

The sketch below only required for water wells.

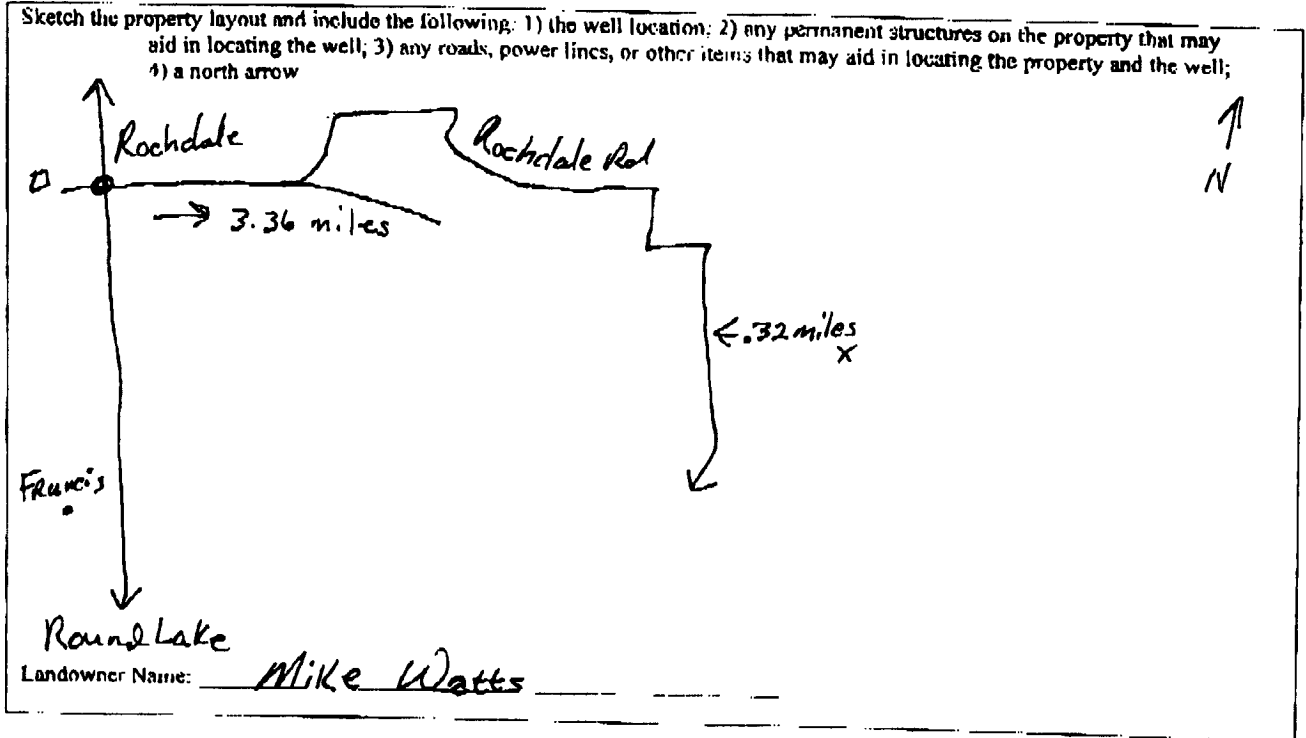
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Fine Sand & Clay	Ground Level	20
Medium Sand	20	28
Fine Sand & Little Clay	28	32
Medium Sand	32	60
Medium / Coarse Sand & fine gravel	60	95
Medium / Coarse Sand & gravel	95	115

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



Form: OL-WR-SWR-1A (04/08)

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.

Clayton Miller 0703
Print Name of Responsible Licensee and License No.

8-4-11
Date

Clayton Miller
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 #: <u>A 134</u>	
Elevation: _____	

County: <u>BOLEWAL</u>
Permit #: <u>GW-45291</u>
Driller: <u>Mid-South Water</u>
Date completed: <u>7-19-11</u>
<i>Copy information from block on Part 1</i>

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>M and K Enterprises</u>	Latitude: <u>34° 51' 49.93"</u> Longitude: <u>90° 48' 11.37"</u>
Mailing Address: <u>56 JOHN STREET</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Clarksdale, MS 39214</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 27 T26N R 6W</u>
Telephone No. <u>(662) 624-6017</u>	Distance Direction Nearest Town
	<u>3 3/4</u> Miles <u>S</u> of <u>RENA LARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-25-11</u>	Setting Depth: <u>60</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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.

<u>DAVID P. HOLT 0-752P</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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Form: OLWR-SWR-1B (04/09)

RECEIVED

AUG 19 2011
 315
 BY: OLWR

AUG-04-2011 14:12 From: MID SOUTH WATER 6628431717
JUL-29-2011 11:13 From:
JUL-14-2011 12:59P FROM: WATTS & ASSOCIATES: P 16626273343

To: 601 360 0535
To: 6628431717
TO: 6274757

P. 4/7
P. 2/6
P. 1

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

A134

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 application 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-45291

Landowner Name: WATTS, MIKE

Landowner Address: 56 JOHN STREET
CLARKSDALE

MO 39614

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 27 **Township:** 26N **Range:** 06W

County: BOLIVAR

Quad: ROUND LAKE

Maximum Volume: 120 Acre-Feet/Year *equivalent to* .1074 Million Gallons/Day

Maximum Rate: 2200 Gallons/Minute

Applicant Name: WATTS, MIKE

Applicant Address: 56 JOHN STREET
CLARKSDALE

MS 39614

Date Permit Issued: 06/27/2011

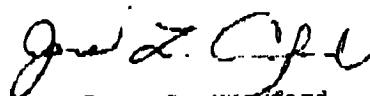
Date Permit Expires: 06/27/2016

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.



James L. Crawford
Office Director