

County: Bolivar
 Permit #: GW-45292
 Driller: Clarence McMurry
 Date drilling completed: 7-20-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)981-5210
 (601)981-5228 (fax)

For Office Use Only:
 Aquifer: A 135
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mike Watts</u>	Latitude: <u>N34° 05' 39.99"</u> Longitude: <u>W90° 48' 09.81"</u>
Mailing Address: <u>56 John Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SE 1/4 SE 1/4 Sec. 27 Twa 26N Rng 06W</u>
Telephone No. <u>(662) 902-6122</u>	Distance: <u>8.4 Miles</u> Direction: <u>North</u> of <u>Anguilla</u>
	<u>#1418</u>

Well / Borehole Data

Date drilling started: 7-20-11 Date drilling completed: 7-20-11 Hole depth: 118' 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: 118' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .030 inches Setting depth: From 68 feet to 118 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

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 #: A135

Elevation: _____

County: BOLSHAR

Permit #: GW-45292

Driller: Mid South Water

Date completed: 7-20-11

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>M and K Enterprises</u>	Latitude: <u>34° 5' 39.69"</u> Longitude: <u>90° 47' 58.21"</u>
Mailing Address: <u>56 John Street</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Clarksdale, MS 38614</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 26 T26N R14W</u>
Telephone No. <u>(662) 624-6017</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>RNA LARA</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: <u>7-25-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</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

Form: OLWR-SWR-1B **RECEIVED**

AUG 19 2011 3:24
BY: OLWR

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

A135

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-45292

Landowner Name: WATTS, MIKE
Landowner Address: 56 JOHN STREET
CLARKSDALE MS 38614

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the SW 1/4 Section: 26 Township: 26N Range: 66W

County: BOLIVAR

Maximum Volume: 180 Acre-feet/Year equivalent to 1607 Million Gallons/Day
Maximum Rate: 1200 Gallons/minute

Applicant Name: WATTS, MIKE
Applicant Address: 56 JOHN STREET
CLARKSDALE MS 38614

Date Permit Issued: 06/27/2011

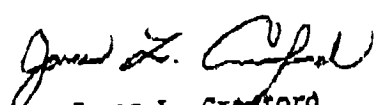
Date Permit Expires: 06/27/2016

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