

County: Bolivar
 Permit #: MS-GW-45311
 Driller: Willie Bryant
 Date drilling completed: 7-31-11

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: A 136
 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>Grady's Estate</u> Mailing Address: <u>217 Parchman Rd.</u> <u>Shelby MS 38774</u> City State Zip Code Telephone No. <u>662 402-4307</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 01' 89" N</u> Longitude: <u>090° 46' 22" W</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>NE 1/4 NE 1/4 Sec 24 Twn 25N Rng 6W</u> Distance <u>2 1/2</u> Miles <u>W</u> of <u>Duncan</u> <u>Caston Rd.</u></p>
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Well / Borehole Data

Date drilling started: 7-31-11 Date drilling completed: 7-31-11 Hole depth: 100' Hole diameter: 20"

Location of the source of any surface water used for drilling: Nearby ditch
 Method of dosing and volume of Chlorine used in drilling and development: none

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: 35 feet above below (circle one) land surface Date measured: 8-3-11
 Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Well depth: 100' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 60 feet Casing diameter: 8 inches Type of casing: PVC 160
 Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC slatted
 Screen slot size: 032 inches Setting depth: From 60 feet to 100 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: - 0 - feet. *If telescoped or more than one screen, describe on next page*

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

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CAB- 5/7/12

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.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Clay + fine sand	20	40
Med. sand	40	60
Coarse sand + gravel	60	80
Coarse sand + gravel	80	100

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: Grady's Estate

Form: OLWR-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.

Willie L. Bryant 0-639 8-9-11

Willie L. Bryant

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 #: MS-GW-45311
 Driller: Willie Bryant
 Date completed: 8-3-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A136
 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>Grady's Estate</u>	Latitude: <u>34° 01.89' N</u> Longitude: <u>090° 46.22' W</u>
Mailing Address: <u>217 Parchman Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shelby</u> MS <u>38774</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>24</u> T <u>25N</u> R <u>6W</u>
Telephone No. <u>662 402-4307</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>W</u> of <u>Duncan, MS</u> <u>Coston Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <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>15</u>
Date Pump Installed: <u>8-3-11</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>450</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-16-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>435</u> GPM with a drawdown of
Test Pumping Rate: <u>435</u> Gallons Per Minute	<u>20</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

A136

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-45311

Landowner Name: GRADYS ESTATE

Landowner Address: 217 PARCHMAN ROAD
SHELBY MS 38774

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NE 1/4 **Section:** 24 **Township:** 25N **Range:** 06W

County: BOLIVAR

Quad: ROUND LAKE

Maximum Volume: 9 Acre-Foot/Year *equivalent to* .008 Million Gallons/Day

Maximum Rate: 450 Gallons/Minute

Applicant Name: SPEARMAN FARM

Applicant Address: 217 HIGHWAY 32
SHELBY MS 38774

Date Permit Issued: 07/14/2011

Date Permit Expires: 07/14/2016

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

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