

⑤ - BASS - CORNER PLOT

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: _____
Well #: A137
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW-45936
Driller: J. NEWCOME
Date drilling completed: 7-27-2011

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>Hamp Bass II</u>	Latitude: <u>34° 00' 58"</u> Longitude: <u>90° 52' 24"</u>
Mailing Address: <u>7 Cypress Ridge Drive</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>29</u>
<u>Clarksdale</u> <u>MS</u> <u>38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> ^{OK} <u>NE</u> <u>1/4</u> Sec <u>25</u> Twn <u>25N</u> Rng <u>07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>N</u> of <u>GUNNISON</u>

Well / Borehole Data

Date drilling started: 7-27-2011 Date drilling completed: 7-27-2011 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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)

Circle S installed this pump

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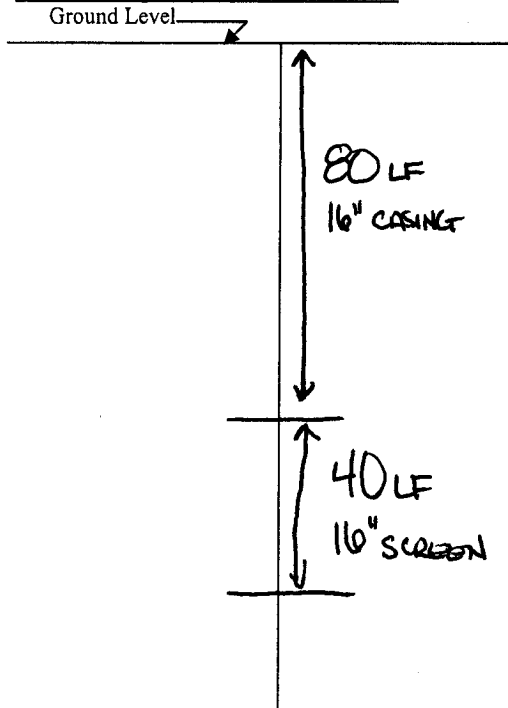
OCT 13 2011

BY: OLWR

A137

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
FINE SAND	10	40
FINE/FAIR SAND	40	70
MED. SAND	70	80
COARSE SAND/PEBBLES	80	120
BOTTOM	120	122

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.

SEE MAP

Landowner Name: _____

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.

JOHN NEWCOME 0.773 7-27-2011

Print Name of Responsible Licensee and License No. Date 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)

County: BOLIVAR
 Permit #: GW-45436
 Driller: CHICOT IRRIGATION
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: A137
 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>BRUSHY LAKE</u>	Latitude: <u>34° 0' 57.72"</u> Longitude: <u>90° 52' 29.2"</u>
Mailing Address: <u>7 Cypress Ridge Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>25</u> T <u>7W</u> R <u>25N</u>
Telephone No. (<u>662</u>) <u>627-7827</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</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>80</u>
Date Pump Installed: <u>10-18-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>3</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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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MARIS
Online Maps

Internet Mapping Framework



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A137



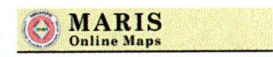
Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbf streams and inun)

adams07_m.sid
 alcorn07_m.sid
 amite07_m.sid
 attala07_m.sid
 benton07
 bolivar07_m.sid
 calhoun07_m.sid
 carroll07_m.sid
 chickasaw07_m.sid
 choctaw07_m.sid
 claiborne07_m.sid
 clarke07_m.sid

Scale: 1:32,889

This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.





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

Yazoo Mississippi Delta Joint Water Management District

August 1, 2011

A137

**Hamp Bass II
7 Cypress Ridge Drive
Clarksdale MS 38614**

RE: Well Construction / Drilling

Permit No: GW-45436 (Replacement Well for GW-05158)

Dear Hamp Bass II,

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.

**Location: NW1/4 of the NE1/4 Section 25 Township 25N Range 07W County Bolivar
Latitude: 34 00 57 Longitude: 90 52 29**

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.

If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

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OCT 5 2011

BY: DLWA