01.	State Well Report			
County: 15011VAV	Part 1 - Driller's Log	For Office Use Only:		
(14) (11-21) Mis	ssissippi Department of Environmental Quality	Aquifer: 143		
Permit #: 600-910 370	Office of Land and Water Resources P.O. Box 2309	Well #:		
Driller: bel Jumper	Jackson, MS 39225	L. S. Elevation:		
Date drilling completed: 8-5-12	(601)961- 5210	L. S. Elevation:		
244	(601)961- 5228 (fax)	E-log #:		
State Law requires that this report be	prepared by the license holder responsible fo	or 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 Owne (Landowner if borehole is not for a w	untan analh	Borehole Location		
	Taited & Colve , I	S" Longitude: 90° 48°, 06"		
Owner Name Watts Planting	COMPANY Mathad of Lat/Long (circle	one): Conventional Survey,		
Mailing Address: 10 130x	12)			
	USGS quad. Hand-he	eld GPS, Survey-grade GPS		
7/1 11 11.	OCI III SEYA W 1/4 Sec A	Twn Del Rng OleW		
Clarkerdale Ms	JULIA SE NE 2	7		
City State	Zip Code Distance Direction	Nearest Town of Kena lara		
Telephone No. 662 902 - 8	940 - Miles - 3	01 15074 15015		
•				
(7 - 12	Well / Borehole Data	21.		
Date drilling started: 8-5-Date drilling	completed: 8-5-12Hole depth: 110	Hole diameter: 26in		
Location of the source of any surface water use	ed for drilling: Nearest Wel			
Method of dosing and volume of Chlorine use	8			
		Other		
Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well_	Geotechnical/Geological Investigation Grou	and Source Heat Pump		
Seismic Survey Other (describe)				
If drilling is not related to w	vater 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:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 70 feet Casing diameter: 1600 inches Type of casing: AVC				
112	iameter: Type of screen:			
	- /	Ch 110		
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in easing:	feet. If telescoped or more than one se	creen, describe on next page		

AUG 2 7 2012 BY: OLWR

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

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				
		222		
40ft Sween		90 30 30		

Description of Formations Encountered	From (depth)	To (depth)
- Clay	Ground Level	0
line sand.	10	3-0
course sandi	20	30
course sand	30	40
Course 52m	40	50
Course sand	50	60
Cruse Sard	60	70
arou	70	80
ancel	80	90
grave.	90	100
Janje	100	110
J- 0		

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.
Reva luve
7-18
Res Sept 1
Landowner Name: Watto Manting Company
Form: OLWR-SWR-1A (04/0

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

Sumper OUV-768 8-7-D gad guyen Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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AUG 2 7 2012

BY: OLMA

STATE WELL REPORT					
County: 30livar	Part 2	For Office Use Only:			
Permit #: 640-46310	Pump Installer's Completion Rep Mississippi Department of Environmenta				
Driller: Jul Sumer	Office of Land and Water Resource				
S/-1 10	P.O. Box 2309 Jackson, MS 39225	Well #: A143			
Date completed: 8 61	(601)961-5210	Elevation:			
Copy information from block on Part 1	(601)961-5228 (fax)	Elevation.			
This part of the report must be completed by report must be attached and both parts filed	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	1 /	Well Location			
Owner Name: Watts Manting	Latitude: 34	Latitude: 34-06-05 Longitude: 90-48-06			
Mailing Address: 10 130x J		Method of Lat/Long (check one): Conventional Survey,			
	701	Hand-held GPS Survey-grade GPS			
City State		NE 1/ NE 1/2 Sec 27 T DLeNR OLDW			
City State	Distance	Direction Nearest Town			
Telephone No. (662 902-89	240 4 Miles	S of Rena Java			
NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10					
Pump Type Circle one		Power Type Circle one			
Air Lift Jet S	Submersible Diesel Engine	Gasoline Engine Natural Gas			
Bucket Piston	Electric Motor	Hand Tractor PTO			
Centrifugal Rotary I	Flowing Well Windmill	Other (specify):			
Other (specify):	Horse Power Ra	ting of Motor:			
Date Pump Installed: 8-6-17		feet			
2000	allons Per Minute Number of Stag	es:			
		Aethod of Measuring Water Level			
Pump Test Data	, r	Circle one			
Date Well Tested: 8-6-12	Ain Line	Electric Measuring Line Steel Tape			
Static Water Level (A): Feet Bo	elow Land Surface Air Line				
Pumping Water Level (B): 21 Feet Be	Show Land Surface Other (specify):				
Drawdown [(B) - (A)]:Feet Be	elow Land Surface For flowing wel	ll, measured shut in head:feet			
Test Pumping Rate:G	allons Per Minute Well yielded	GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours	feet after hours of pumping			
I HEREBY CERTIFY that the above statement of Pump Installer and License No.	nts are true to the best of my knowledge Color of the best of my knowledge (if applicable) Signat	Tre of Pump Installer Form: OLWR-SWR-1B (04/08)			

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AUG 2 7 2012

BY: OLWA



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

A143

June 4, 2012

Watts Planting Company PO Box 429 Clarksdale MS 38614

RE: Well Construction / Authorization to drill

Permit No: GW-46310

Dear Watts Planting Company,

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: NE 1/4 of the NE 1/4 Section <u>27</u> Township <u>26N</u> Range <u>06W</u> County Bolivar Latitude: 34 06 05 Longitude: 90 48 06

A copy of this notice or a water use permit **must be** attached to the State Well Report submitted by your driller. 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.

All applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

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

Sincerely,

Dillard Melton Jr.
Permitting Director

prilas Metron

REGEIVE

W CUME