

**State Well Report
Part I - 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)

County: Bolivar
Permit #: GW-47539
Driller: TEDDY CROTS
Date drilling completed: 9-17-13

For Office Use Only:

Aquifer: _____
Well #: A158
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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Watts Planting Co</u> Mailing Address: <u>P.O. Box 429</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 902-8940</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>34° 05' 29"</u> Longitude: <u>90° 51' 42"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 30 Twn 26N Rng 06W</u> Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>Renova La</u></p>
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Well / Borehole Data

Date drilling started: 9-17-13 Date drilling completed: 9-17-13 Hole depth: 120 Hole diameter: 16
Location of the source of any surface water used for drilling: Nearest well
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: 10 feet above or below (circle one) land surface Date measured: 9-17-13
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: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
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)

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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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Bolivar
 Permit #: 6-w-47539
 Driller: TERRY COALS
 Date completed: 9-17-13
Copy information from block on Part 1

For Office Use Only:

Well #: A158
 Aquifer: _____

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>Watts Plumbing Co</u>	Latitude: <u>45 05 29</u> Longitude: <u>90 51 42</u>
Mailing Address: <u>P.O. Box 429</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> MS <u>38614</u>	<u>SE 1/4 SW 1/4, Sec 30 T26 N R06W</u>
City State Zip Code	<u>5</u> Miles <u>S</u> of <u>Renovo</u>
Telephone No. <u>(662) 902-8740</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-17-13 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 600 Setting Depth: 600 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: 9-17-13 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 2200 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 2200 GPM with a drawdown of 15 feet after 5 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Terry Coals 5315 9-17-13 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

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A 158

80
Acres



To see all the details that are visible on the screen, use the "Print" link next to the map.



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SEP 25 2013

BY: OLWR



A158

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

July 8, 2013

WATTS PLANTING COMPANY
P. O. BOX 429
CLARKSDALE, MS 38614

RE: Well Construction/Authorization to drill

Permit No: GW-47539

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: SE1/4 of the SW1/4 Section 30 Township 26N Range 06W County BOLIVAR
Latitude: 34 05 29 Longitude: 90 51 42

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 YMD at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

RECORDED
SEP 26 2013
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