

Pivot well



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Yazoo Mississippi Delta Joint Water Management District

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November 21, 2013

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

**RE: Well Construction/Authorization to drill**

**Permit No: GW-47831**

**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: NW1/4 of the NW1/4 Section 27 Township 26N Range 06W County BOLIVAR  
Latitude: 34 06 06 Longitude: 90 49 00**

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

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**BY: OLWR**

County: Bolivar  
 Permit #: GW-47831  
 Driller: Joel Jumper  
 Date drilling completed: 1-15-14

**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 #: A 160  
 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>Watts Planting Comp</u>	Latitude: <u>34° 06' 06"</u> Longitude: <u>90° 49' 00"</u>
Mailing Address: <u>Po Box 429</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale</u> <u>Ms</u> <u>38604</u> City State Zip Code	USGS quad, <u>NW 1/4 NW 1/4 Sec 27 Twn 26N Rng 06W</u>
Telephone No. ( ) _____	Distance <u>5</u> Miles Direction <u>S</u> of Nearest Town <u>Kena Tara</u>

**Well / Borehole Data**

Date drilling started: 1-15-14 Date drilling completed: 1-15-14 Hole depth: 112 Hole diameter: 28 in

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: 1-15-14

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 60 feet

Type of completion (circle all applicable) Gravel-packed Underreamed Telescoped Open hole Natural Development

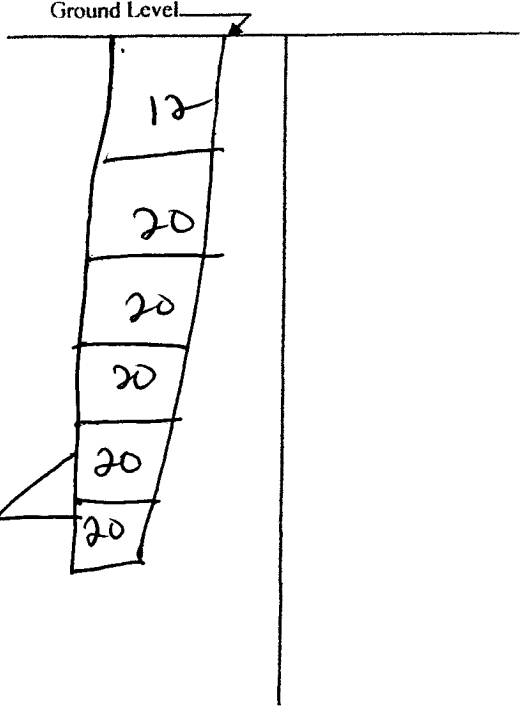
Other (describe): \_\_\_\_\_

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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**BY: OLWR**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

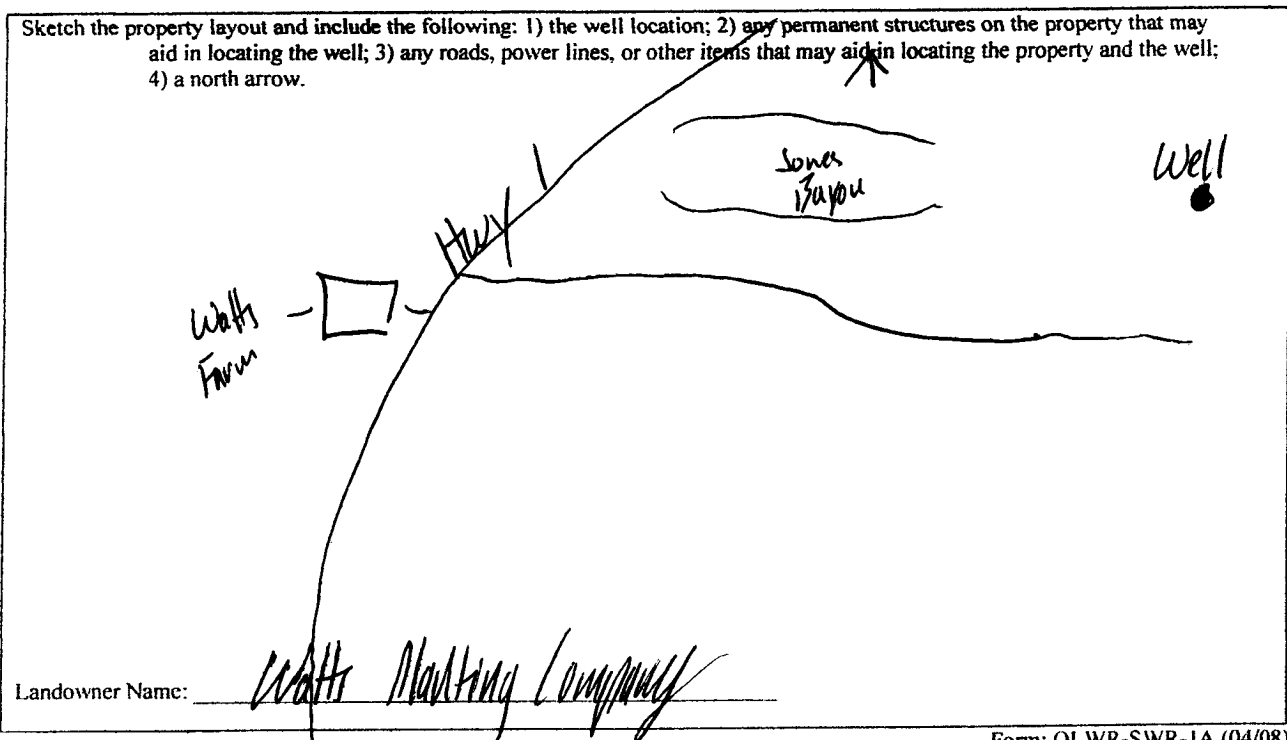


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Sand	20	40
Sand	40	60
Gravel + Sand	60	80
Gravel + Sand	80	100
Gravel + Sand Clay	100	112

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: Watts Marketing Company

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.

Print Name of Responsible Licensee and License No. Joel Jumper 5317

Date 1-15-14

Signature of Licensee *[Signature]*

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BY: OLWR

# 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)

**For Office Use Only:**

Well #: A 160  
Aquifer: \_\_\_\_\_

County: Bolivar  
Permit #: 6W-47831  
Driller: Joel Sumner  
Date completed: 1-15-14  
*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>Watts Planting Company</u>	Latitude: <u>34-06-06</u> Longitude: <u>90-49-00</u> ✓
Mailing Address: <u>PO Box 4298</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> City <u>MS</u> State <u>38614</u> Zip Code	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>27</u> T <u>26N</u> R <u>06W</u> ✓
Telephone No. ( ) _____	<u>5</u> Miles (Distance) <u>S</u> of <u>Reva Lora</u> (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  **Turbine**  Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 1-15-14 Rated Pump Capacity: 1800 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: 60 Setting Depth: 60 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-15-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 11 Feet Below Land Surface Pumping Water Level (B): 26 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 1800 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 1800 GPM with a drawdown of 15 feet after 8 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.*

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

Joel Sumner 5317 1-15-14 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SW-1 (4/13) **BY: OLWR**