

County: Bolivar
 Permit #: GW-48229
 Driller: TODD COOK
 Date drilling completed: 5/24/14

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)

For Office Use Only:
 Aquifer: _____
 Well #: A164
 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)
 Owner Name: Williamston Massey
 Mailing Address: 1490 Massey Road
Lyons, MS 38675
 City: _____ State: _____ Zip Code: _____
 Telephone No. (____) _____

Well or Borehole Location
 Latitude: 34° 1' 03" Longitude: 90° 48' 19"
34-01-03 90 48 19
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad. Hand-held GPS. Survey-grade GPS
NW 1/4 NE 1/4 Sec 27 T25N R06W
 Distance: 2 mi Direction: East of Nearest Town: N. Paden

Well / Borehole Data
 Date drilling started: 5/24/14 Date drilling completed: 5/24/14 Hole depth: 120 Hole diameter: 24
 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

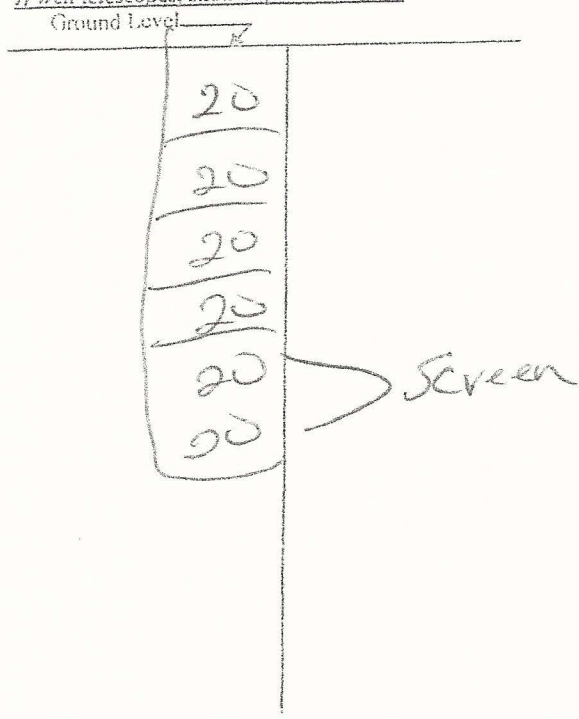
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 32.25 feet above or below (circle one) land surface Date measured: 5/26/14
 Method 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/OC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: P/OC
 Screen slot size: 0.50 inches Setting depth: From 10 feet to 70 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of top 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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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 regulation.

Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	20
sand	20	40
gravel	40	60
silt	60	80
clay	80	100
	100	120

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.

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Landowner Name: Ellington Messy

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.

Troy Cooks 5318 5/24/14
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

STATE WELL REPORT

Part 2

For Office Use Only:

Well #: A164

Aquifer: _____

County: Bolivar
 Permit #: GW-48229
 Driller: JOLTED WELL SERVICES
 Date completed: 5-24-14
 Copy information from block on Part 1

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)

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>MASSEY PLANTING CO</u>		Latitude:	<u>34° 01' 03"</u>
Mailing Address:	<u>P.O. BOX 247</u>		Longitude:	<u>90° 48' 19"</u>
<u>LYON</u>	<u>MS</u>	<u>38645</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City	State	Zip Code	<u>NW 1/4 NE 1/4</u> , Sec <u>27</u> T <u>25N</u> R <u>04W</u>	
Telephone No. (<u>662</u>) <u>902-6215</u>			<u>3</u> Miles (<u>W</u>) of <u>HUSH PUCKEVA</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-26-14 Rated Pump Capacity: 1000 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: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: N/A 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.

DANIEL P. HOLT 0-752P 6-2-14 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

9/2014

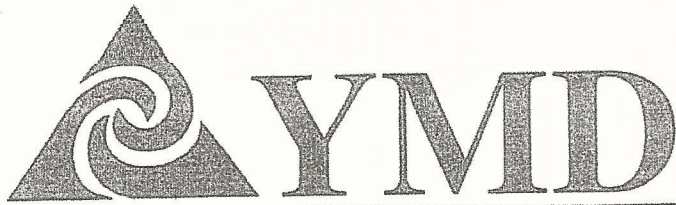
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Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

A164

May 12, 2014

ELLINGTON MASSEY
1490 MASSEY ROAD
LYON, MS 38645

RE: Well Construction/Authorization to drill

Permit No: GW-48229

DEAR ELLINGTON MASSEY:

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 27 Township 25N Range 06W County BOLIVAR
Latitude: 34 01 03 Longitude: 90 48 19

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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