

STATE WELL REPORT

150

County: Bolivar
 Permit #: GW-51449
 Driller: Payton Overstreet
 Date drilling completed: 6/20/21

Part I
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: B 213
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kello Farms</u>	Latitude: <u>34° 0' 35.34"</u> Longitude: <u>90° 42' 8.25"</u>
Mailing Address: <u>517 Frederick Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> ^{SW NE} <u>SE</u> $\frac{1}{4}$, Sec <u>27</u> T <u>25N</u> R <u>05W</u>
Telephone No. <u>(662) 719-7317</u>	<u>5.5</u> Miles <u>NE</u> of <u>Shelby</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/20/21 Date drilling completed: 6/20/21 Hole depth: 100' Hole diameter: 2.6"

Location of the source of any surface water used for drilling: Existing Well

Method of dosing and volume of Chlorine used in drilling and development: None

Logs run (check 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 37 feet above or below land surface Date measured: 6/21/21 JUL 19 2021
 (check one)

Method of measurement (check one) Steel tape Electric tape Air line other (describe): _____ BY OLWR

Well depth: 100' Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 16" inches Type of screen: SS

Screen slot size: .040 inches Setting depth: From 30' feet to 100' feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

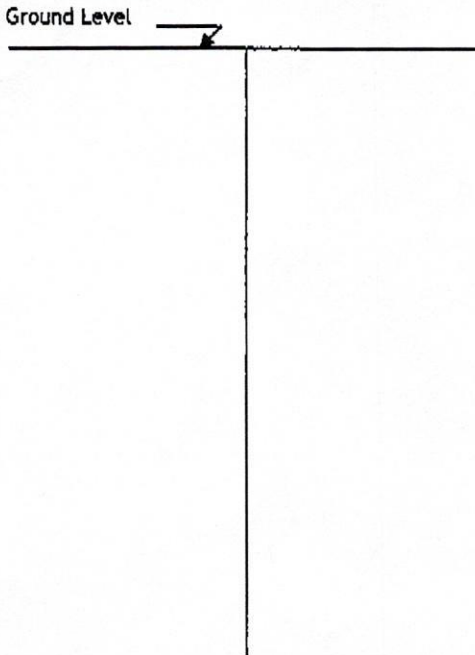
If telescoped or more than one screen, describe on next page

County: Bolivar
 Permit #: GW-51449

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

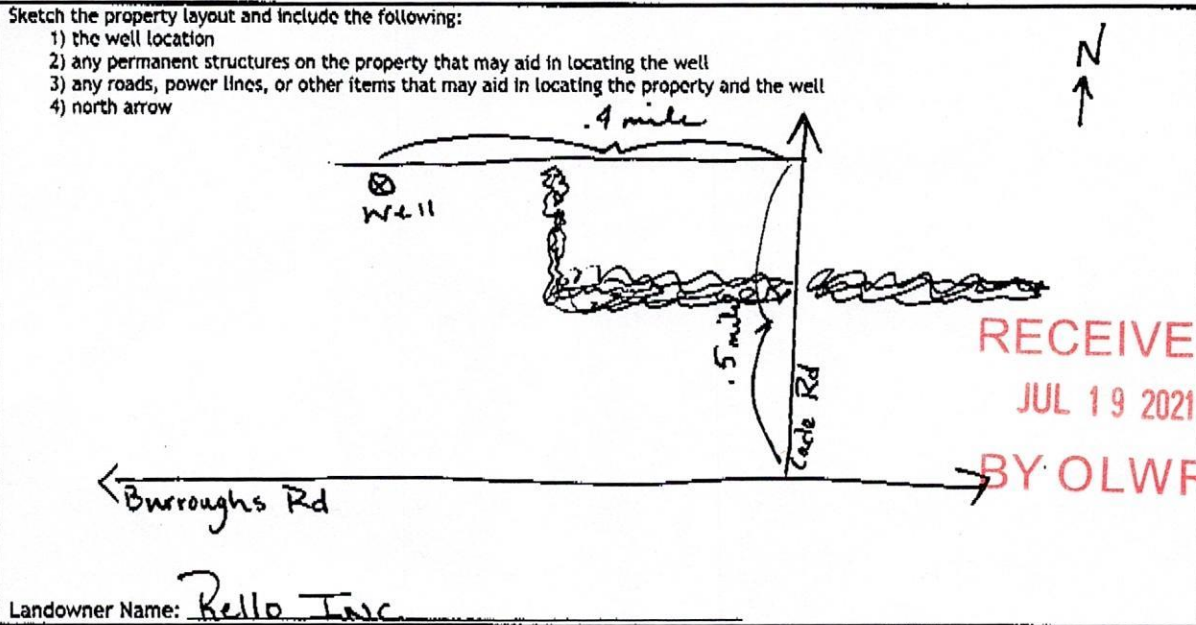
If well telescopes, show depths on sketch.



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	35'
Med. / Coarse Sand	35'	100'

If more than one screen, show location of each on sketch



Landowner Name: Rello Inc

I HEREBY 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.

Peyton Overstreet 00008026 7/19/21 Peyton Overstreet
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

County: Bolivar
 Permit #: GW-51449
 Driller: Fred Mitchell
 Date completed: 6/21/21
Copy information from block on Part 1

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 #: B 213
 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>Rello Inc.</u>		Latitude: <u>34° 0' 35.34"</u>	Longitude: <u>90° 42' 8.25"</u>
Mailing Address: <u>517 Fredricks Dr.</u>		Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Cleveland</u> <u>MS</u> <u>38732</u>		USGS quad <u>NE SW NE SE 1/4, Sec 27 T 25N R 05W</u>	
City State Zip Code		<u>5.5</u> Miles <u>NE</u> of <u>Shelby</u>	
Telephone No. <u>(662) 719-7317</u>		(Distance)	(Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6/21/21 Rated Pump Capacity: 1600 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 37 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute
 Method of measurement (check 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 N/A
 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 (check 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.
Ruston Overstreet 00008026 7/19/21 Ruston Overstreet
 Print/Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

STATE OF MISSISSIPPI
 Department of Environmental Quality
 Office of Land and Water Resources
 P.O.Box 2309
 Jackson, Mississippi 39225

PERMIT
TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq.(1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred, or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow or lake level elevation (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-51449 **Total Permitted Acreage:** 217

Landowner Name: CHICORELLI, CHARLES
Landowner Address: 517 FREDERICK DRIVE
 CLEVELAND, MS 38732

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 **Section:** 27 **Township:** 25N **Range:** 05W

County: BOLIVAR **Quad:** DUNCAN

Permitted Acreage: Irrigation: 217 **Fish Culture:** 0 **Wildlife Management:** 0

Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: CHICORELLI, CHARLES
Applicant Address: 517 FREDERICK DRIVE
 CLEVELAND, MS 38732

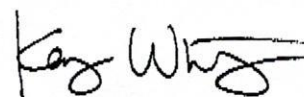
Date Permit Issued: 04/21/2021
Date Permit Expires: 04/21/2026
Date Permit Modified:
Date Permit Reissued:

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

SPECIAL TERMS AND CONDITIONS 1:

See Attachment I which is hereby declared part of this permit.

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Kay Whittington, Director
 Office of Land and Water Resources