

153

STATE WELL REPORT

County: BOLIVAR
 Permit #: GW-51561
 Driller: CHAD MATTOX
 Date drilling completed: 6/15/21

Part 1
Driller's Log
 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 #: C 216
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>YATES FAMILY LIMITED PARTNERSHIP</u> Mailing Address: <u>410 WEIGHTMAN ST</u> <hr/> <u>GREENWOOD</u> <u>MS</u> <u>38930</u> City State Zip Code Telephone No. (____) _____			Well or Borehole Location Latitude: <u>33.985447</u> Longitude: <u>-90.898490</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec. <u>02</u> T <u>24N</u> R <u>07W</u> <u>1</u> Miles <u>N</u> of <u>PERTHSHIRE</u> (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data
 Date drilling started: 6/15/21 Date drilling completed: 6/15/21 Hole depth: 145 Hole diameter: 19
 Location of the source of any surface water used for drilling: NEARBY DITCH
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle 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: 21 feet above/ below land surface Date measured: 6/15/21
 (select one)
 Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 145 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix
 Casing length: 115 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: .032 inches Setting depth: From 70 feet to 145 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

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

Lagniappe
21-0384

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-51561 Total Permitted Acreage: 110

Landowner Name: YATES FAMILY LIMITED PARTNERSHIP
Landowner Address: 410 WEIGHTMAN STREET
GREENWOOD, MS 38930

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NW 1/4 Section: 02 Township: 24N Range: 07W
County: BOLIVAR Quad: GUNNISON

Permitted Acreage: Irrigation: 110 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: LAGNIAPPE FARMS
Applicant Address: 413 NORMAN CIRCLE
CLEVELAND, MS 38732

Date Permit Issued: 05/03/2021
Date Permit Expires: 05/03/2026
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 1 which is hereby declared part of this permit.

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County: BOLIVAR
Permit #: GW-51561

For Office Use Only:
Well #: _____

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	
15	CASING
20	CASING
20	CASING
20	CASING
20	CASING
20	CASING
10	SCREEN
20	SCREEN

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
CLAY & FINE SAND	10	20
MED SAND & PEA GRAVEL	20	82
CLAY	82	90
CLAY & FINE SAND	90	100
FINE SAND	100	115
MED SAND, PEA GRAVEL & GRAVEL	115	145

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

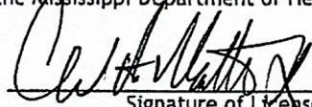
Sketch the property layout and include the following:

- 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) north arrow

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Landowner Name: _____

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.

CHAD MATTOX UNR 8243 7/9/21 

Print Name of Responsible Licensee and License No. Date Signature of Licensee

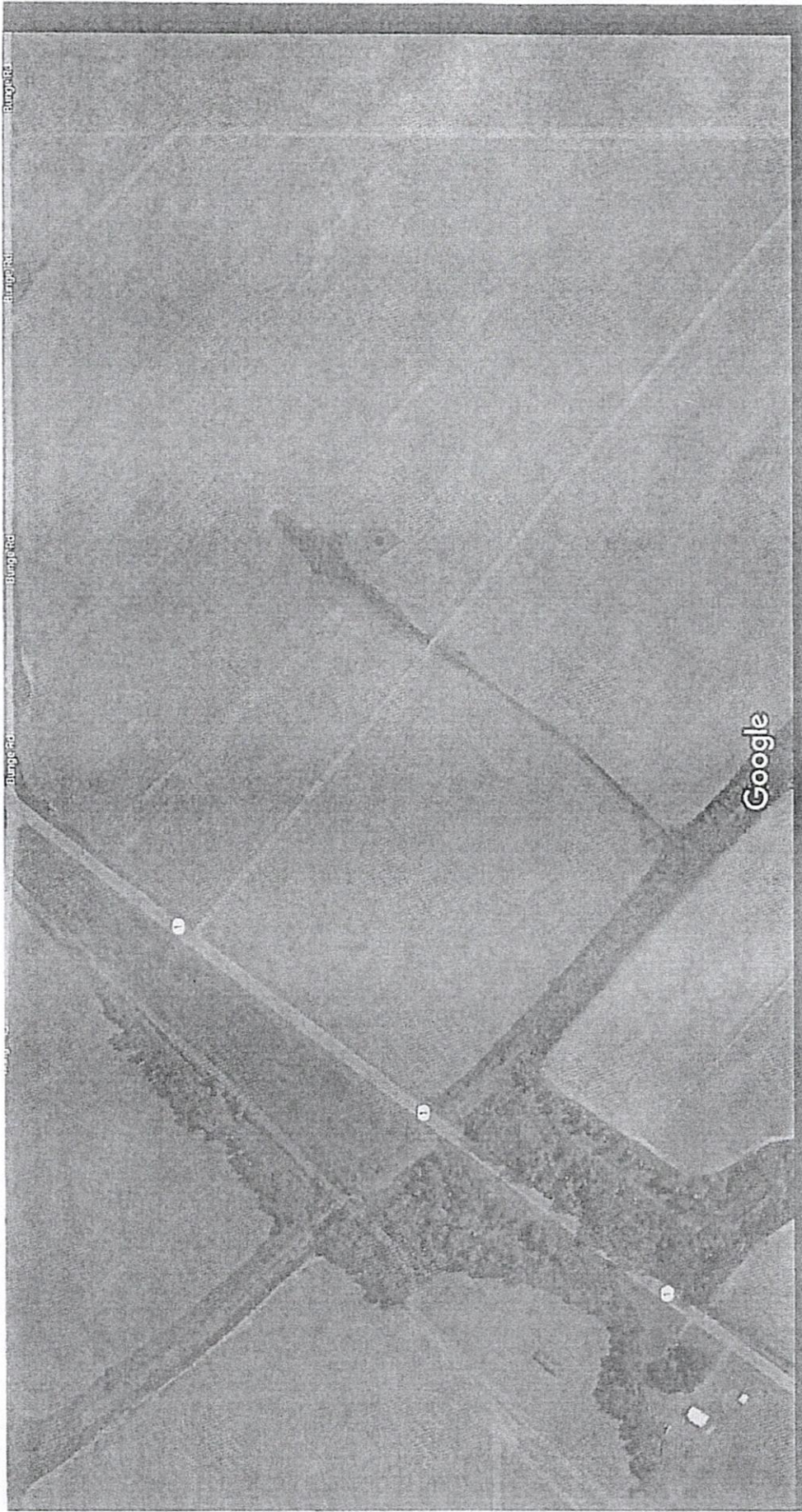
Form: OLWR-SWR-1B (4/13)

CIRCLE 5 IRRIGATION INC. TO INSTALL PUMP

6/16/2021

33°59'07.6"N 90°53'54.6"W - Google Maps

Google Maps 33°59'07.6"N 90°53'54.6"W



Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021 200 ft

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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: <u>BOLIVAR</u>
Permit #: <u>GW-51561</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>6/15/21</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>C 216</u>
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>YATES FAMILY LIMITED PARTNERSHIP</u>	Latitude: <u>33.985447</u> Longitude: <u>-90.898490</u>
Mailing Address: <u>410 WEIGHTMAN ST</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>GREENWOOD</u> MS <u>38930</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>02</u> T <u>24N</u> R <u>07W</u>
City State Zip Code	<u>1</u> Miles <u>N</u> of <u>PERTHSHIRE</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>6/16/21</u> Rated Pump Capacity: <u>1400</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement

Power Type (select one)
<input checked="" type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>21</u> 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 (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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: _____ 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement
<i>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>

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
David P. Holt	0-752P	6/16/21
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer