

### STATE WELL REPORT

#### Part I

#### Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 7309  
 Jackson, MS 39225-7309  
 (601)961-5210  
 (601)360-0535 (fax)

#### For Office Use Only:

Well # F282  
 Aquifer: \_\_\_\_\_  
 L-Log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-48655  
 Driller: David Canady  
 Date drilling completed: 12-11-14

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>C.T. Donna Farms</u>		Latitude: <u>33° 51' 16.96"</u> Longitude: <u>90° 55' 42.93"</u>	
Mailing Address: <u>469 Dettle Road</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Rosedale</u> City	<u>MS</u> State	<u>38769</u> Zip Code	<u>NW 1/4 SE 1/4, Sec 09 T 23N R 07W</u>
Telephone No. <u>(662) 221-7369</u>		<u>5.66</u> Miles <u>East</u> of <u>Rosedale</u> (Distance) (Direction) (Nearest Town)	

**Well / Borehole Data**

Date drilling started: 12-11-14 Date drilling completed: 12-11-14 Hole depth: 125' Hole diameter: 22"

Location of the source of any surface water used for drilling: hailed water from 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 (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 (circle 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: 31 feet (above or ~~below~~ land surface) (circle one) Date measured: 12-15-14

Method of measurement (circle one): Steel tape  ~~electric tape~~ Air line  Other (describe) \_\_\_\_\_

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 125' feet

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

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

Top of lap pipe or reduction in casing: N/A feet

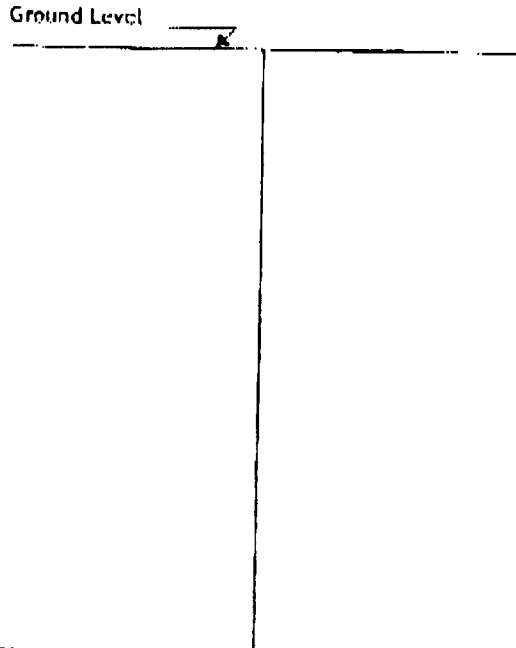
*If telescoped or more than one screen, describe on next page*

County Polivar  
 Permit #: GW-48655

For Office Use Only:  
 Well #: F 282

The sketch below only required for water wells

If well telescopes, show depths on sketch.



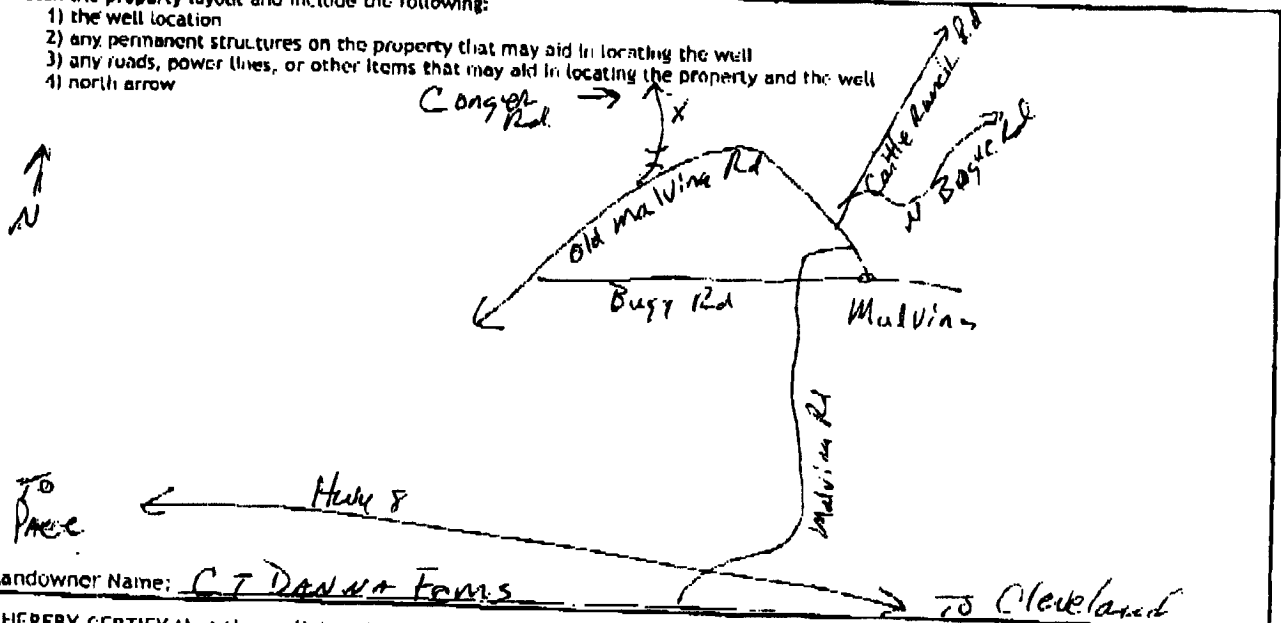
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	13
Fine Sand	13	26
Fine Sand & Clay	26	48
Fine Sand	48	73
Medium Sand	73	79
Medium/Coarse Sand & Gravel	79	90
Medium Sand	90	98
Medium/Coarse Sand & Gravel	98	120
Medium Sand & Gravel	120	125

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



Landowner Name: CT DANA FOMIS → to Cleveland

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.

Clayton Miller 0-703 12-21-14 Clayton Miller  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

### 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 39225-7309  
 (601)961-5210  
 (601) 360-0535 (fax)

#### For Office Use Only:

Well #: F 282  
 Aquifer: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-48655  
 Driller: David Canady  
 Date completed: 12-15-14  
 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>C.T. Danna Farms</u>		Latitude:	<u>33° 51' 16.96"</u>
Mailing Address:	<u>469 Dettle Rd.</u>		Longitude:	<u>90° 55' 42.93"</u>
			Method of Lat/Long (check one):	Conventional Survey _____
			USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Rosedale</u>	<u>MS</u>	<u>38769</u>	<u>NW 1/4 SE 1/4, Sec 09</u>	<u>T 23N R 07W</u>
City	State	Zip Code	<u>5.66 Miles East</u>	of <u>Rosedale</u>
Telephone No. <u>(662) 721-7369</u>			(Distance)	(Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe) \_\_\_\_\_

Date Pump Installed: 12-15-14 Rated Pump Capacity: \_\_\_\_\_ 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: 25 Setting Depth: 80 feet Number of Stages: 1

**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): 31 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 (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: McCrometer Meter Serial Number: 14-08085

Meter Model Number/Name: M0308 Type of Meter: Saddle mount propeller

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

Installation Date: 12-15-14 Meter Installed by: Mid South Water, LLC

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.

Clayton Miller 0-703 12-31-14 Clayton Miller  
 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 Law, 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, lake level elevation, or static groundwater level (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-48655

**Landowner Name:** C T DANNA FARM

**Landowner Address:** 469 DATTLE ROAD  
ROSEDALE MS 38769

**Source Of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** NW 1/4 of the SE 1/4 **Section:** 09 **Township:** 23N **Range:** 07W

**County:** BOLIVAR **Quad:** BEOTHAN

**Maximum Volume:** 42 Acre-Feet/Year *equivalent to* .0375 Million Gallons/Day

**Maximum Rate:** 1050 Gallons/Minute

**Applicant Name:** C T DANNA FARM

**Applicant Address:** 469 DATTLE ROAD  
ROSEDALE MS 38769

**Date Permit Issued:** 11/25/2014

**Date Permit Expires:** 11/25/2019

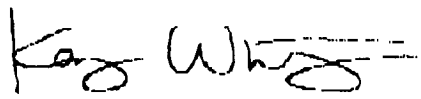
**Date Permit Modified:**

**Date Permit Re-issued:**

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

**SPECIAL TERMS AND CONDITIONS:** SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

**SPECIAL TERMS AND CONDITIONS 2-**



Kay Whittington  
Office Director