

County: Cochran
 Permit #: GW-46157 ✓
 Driller: Clarence McMurtry
 Date drilling completed: 6-6-12

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 # B78
 L. S. Elevation: _____
 B-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>Rodge Rodgers</u>	Latitude: <u>34° 20' 32.16"</u> Longitude: <u>90° 33' 45.84"</u>
Mailing Address: <u>10 Cypress Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS /
<u>Charlesdale</u> <u>MS</u> <u>39614</u> City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>36</u> Twn <u>25N</u> Rng <u>04W</u>
Telephone No. <u>(662) 627-7246</u>	Distance _____ Miles Direction _____ Nearest Town _____ #1617 #1

Well / Borehole Data

Date drilling started: 6-6-12 Date drilling completed: 6-6-12 Hole depth: 121' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby 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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 121' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 71 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 71 feet to 121 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: N/A feet. **If telescoped or more than one screen, describe on next page**

New #1

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

B78

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 altered, for any period of time or under any conditions whatsoever. This permit may not be modified, reinstated or revoked without prior action by the Permit Board. Any attempt 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-QW-46157

Landowner Name: RODGERS, RODGE

Landowner Address: 10 CYPRESS RIDGE ROAD
 CLARKSDALE MS 38614

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NW 1/4 **Section:** 36 **Township:** 29N **Range:** 04W

County: COAHOMA

Quad: COAHOMA

Maximum Volume: 333 Acre-Feet/Year *equivalent to* .2972 Million Gallons/Day

Maximum Rate: 1500 Gallons/Minute

Applicant Name: RODGERS, RODGE

Applicant Address: 10 CYPRESS RIDGE ROAD
 CLARKSDALE MS 38614

Date Permit Issued: 05/21/2012

Date Permit Expires: 05/21/2017

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:

SPECIAL TERMS AND CONDITIONS 2: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

James L. Crawford
 James L. Crawford
 Office Director

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
 (601)961-5210
 (601)961-5228 (fax)

County: OSHAHAMA
 Permit #: GW-46157
 Driller: MID-SOUTH WARR
 Date completed: 6-6-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: B 78
 Well #: _____
 Elevation: _____

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>RODGAR'S PLATING CO</u>	Latitude: <u>34° 20' 38.5"</u> Longitude: <u>90° 33' 49.3"</u>
Mailing Address: <u>10 Cypress Ridge Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSDALE MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 36 T 29N R 4W</u>
Telephone No. <u>(662) 624-2478</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>FRIARS POINT</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>6-7-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 18 2012
 BY: OLWR

Form: OLWR-SWR-1B (04/08)
 12-2644