

166

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: COAHOMA  
 Permit #: GW-51290  
 Driller: CHAD MATTOX  
 Date drilling completed: 10/15/20

**For Office Use Only:**  
 Well #: H 134  
 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>	Well or Borehole Location
Owner Name: <u>GLOBAL AG</u>	Latitude: <u>34.202540N</u> Longitude: <u>90.698837W</u>
Mailing Address: <u>2004 FOX DRIVE</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> _____
<u>CHAMPAIGN</u> <u>IL</u> <u>61820</u>	USGS quad <input type="radio"/> _____, Hand-held GPS <input type="radio"/> _____, Survey-grade GPS <input type="radio"/> _____
City State Zip Code	<u>NE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>22</u> T <u>27N</u> R <u>05W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/15/20 Date drilling completed: 10/15/20 Hole depth: 115 Hole diameter: 19

Location of the source of any surface water used for drilling: \_\_\_\_\_

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: 26 feet  above /  below land surface Date measured: \_\_\_\_\_  
 (select one)

Method of measurement (select one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 75 feet to 115 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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**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-51290 **Total Permitted Acreage:** 47

**Landowner Name:** GLOBAL AG PROPERTIES II USA LLC  
**Landowner Address:** 2004 FOX DRIVE  
STE L  
CHAMPAIGN, IL 61820

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NE 1/4 of the NE 1/4 **Section:** 22 **Township:** 27N **Range:** 05W

**County:** COAHOMA **Quad:** SHERARD

**Permitted Acreage:** **Irrigation:** 47 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** GLOBAL AG PROPERTIES II USA LLC  
**Applicant Address:** 2004 FOX DRIVE  
STE L  
CHAMPAIGN, IL 61820

**Date Permit Issued:** 09/22/2020  
**Date Permit Expires:** 09/22/2025  
**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 I:**

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

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Kay White

County: COAHOMA  
Permit #: GW-51290

**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  $\nearrow$

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
FINE SAND	10	20
FINE SAND 26' COARSE	20	30
34' COARSE	30	40
COARSE	40	50
COARSE	50	60
67' MED SAND & PEA	60	70
MED SAND & PEA	70	80
MED SAND & PEA	80	90
MED SAND & PEA	90	100
MED SAND & PEA	100	110
MED SAND & PEA	110	115

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  
Print Name of Responsible Licensee and License No.

11/22/20  
Date  
Signature of Licensee

Google Maps 420 Rain St, Clarksdale, MS to 714-798 Bobo - Sherard Rd, Clarksdale, MS 38614 Drive 9.6 miles, 15 min



Imagery ©2020 Landsat / Copernicus, Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020 2000 ft.

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15 min  
9.6 miles

via MS-322 W/Sherard Rd  
Fastest route, the usual traffic



# 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)

#### For Office Use Only:

Well #: H 134

Aquifer: \_\_\_\_\_

County: COAHOMA  
Permit #: GW-51290  
Driller: CHAD MATTOX  
Date completed: \_\_\_\_\_  
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>GLOBAL AG</u>			Latitude: <u>34.202540N</u> Longitude: <u>90.698837W</u>		
Mailing Address: <u>2004 FOX DRIVE</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,		
<u>CHAMPAIGN</u> <u>IL</u> <u>61820</u>			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>		
City	State	Zip Code	NE <u>1/4</u> NE <u>1/4</u> , Sec <u>22</u> T <u>27N</u> R <u>05W</u>		
Telephone No. (____) _____			____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)		

**Pump Type (select one)**

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

Date Pump Installed: 10/23/20 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (select one):  New  Repaired  Replacement

**Power Type (select one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 75 feet Number of Stages: 1

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**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 26 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):  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: \_\_\_\_\_ 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.

David P. Holt 0-752P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Circle S Irrigation  
Clarksdale MS 38644