

County: COAHOMA
 Permit #: GW-51019
 Driller: CHAD MATTOX
 Date drilling completed: 10/24/19

STATE WELL REPORT

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)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: H 135
 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) Owner Name: <u>GLOBAL AG PROPERTIES II USA LLC</u> Mailing Address: _____ <u>2004 FOX DRIVE STE L</u> <u>CHAMPAIGN</u> <u>IL</u> <u>61820</u> City State Zip Code Telephone No. (____) _____			Well or Borehole Location Latitude: <u>34.191389</u> Longitude: <u>-90.684167</u> Method of Lat/Long (check 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>SW</u> <u>SE</u> <u>23</u> <u>T 27N</u> <u>R 05W</u> <u>1</u> Miles <u>S</u> of <u>SHERAD</u> (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data

Date drilling started: 10/24/19 Date drilling completed: 10/24/19 Hole depth: 115' 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: 16 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 70 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

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

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Permit #: GW-51019

Well #:

If well telescopes, show depths on sketch.

[illegible][illegible]

- 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: _____

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.

[Signature]

UNR 8243

CHAD MATTOX UNR 8245
Print Name of Responsible Licensee and License No.

Date _____

Signature of Licensee

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

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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)

For Office Use Only:

Well #: H 135
Aquifer: _____

County: COAHOMA
Permit #: GW-51019
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 PROPERTIES II USA LLC</u>			Latitude: <u>34.191389</u>	Longitude: <u>-90.684167</u>
Mailing Address: _____			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,	
<u>2004 FOX DRIVE STE L</u>			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>	
<u>CHAMPAIGN</u>	<u>IL</u>	<u>61820</u>	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec. <u>23</u> T. <u>27N</u> R. <u>05W</u>	
City	State	Zip Code	<u>1</u> Miles <u>S</u> of <u>SHERAD</u>	
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)	

Pump Type (select one)
☐ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____
 Date Pump Installed: _____ Rated Pump Capacity: 800 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: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 16 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 4/12/1 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-2A (4/13)

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Untitled Map

Write a description for your map.

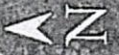
Legend

Feature 1

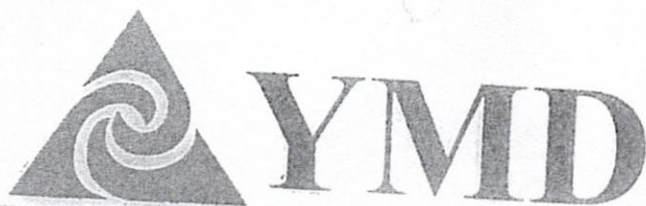
Sherard S 3 New Pivot

Google Earth

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BY CLIP



1000 ft



Don R. Christy, PhD
Executive Director
P.O. Box 129
Stoneville, MS 38776
Tel: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

October 28, 2019

Global Ag Properties II USA LLC
2004 Fox Drive
Champaign, IL 61820

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51019
which will be replacing GW-07819 located at
Location: SW1/4 of the SE1/4 Section 23 Township 27N Range 05W County Coahoma
Latitude: 34.191389 Longitude -90.684167

Dear Global Ag Properties II USA LLC / Scott Mitchell:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

If you have any questions, please call YMD at 662-686-7712.

Sincerely,

Dillard Melton, Jr.
Permitting Director

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