

STATE WELL REPORT

160

County: COAHOMA
 Permit #: GW-51645
 Driller: CHAD MATTOX
 Date drilling completed: 6/18/21

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 #: M143
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>LENNARD LEGACY LLC</u>	Latitude: <u>34.158263</u> Longitude: <u>-90.525380</u>
Mailing Address: <u>2900 SOUTH NATIONAL AVENUE</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/>
<u>SPRINGFIELD</u> <u>MO</u> <u>65804</u>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE</u> <u>NE</u> <u>05</u> <u>T 26N</u> <u>R 03W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>E</u> of <u>CLARKSDALE</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/18/21 Date drilling completed: 6/18/21 Hole depth: 135 Hole diameter: 24

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: 6/18/21
(select one)

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

Well depth: 135 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 135 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

Dunn Farms
21-0372

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-51645 Total Permitted Acreage: 120

Landowner Name: LENNARD LEGACY LLC
Landowner Address: 2900 SOUTH NATIONAL AVENUE
SPRINGFIELD, MO 65804

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NE 1/4 Section: 05 Township: 26N Range: 03W
County: COAHOMA Quad: CLARKSDALE

Permitted Acreage: Irrigation: 120 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: DUNN FARMS
Applicant Address: 516 WESTCHESTER DRIVE
CLARKSDALE, MS 38614

Date Permit Issued: 06/09/2021
Date Permit Expires: 06/09/2026
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 I which is hereby declared part of this permit.

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County: COAHOMA
 Permit #: GW-51645

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow	
15	CASING
20	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

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)
	Ground level	10
/CLAY & FINE SAND	10	20
COARSE SAND & CLAY	20	58
PEA GRAVEL	58	65
CLAY & MED SAND	65	67
COARSE SAND & PEA GRAVEL	67	85
MED SAND, PEA GRAVEL & GRAVEL	85	90
MED SAND & PEA GRAVEL	90	135

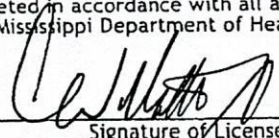
If more than one screen, show location of each on sketch

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: _____

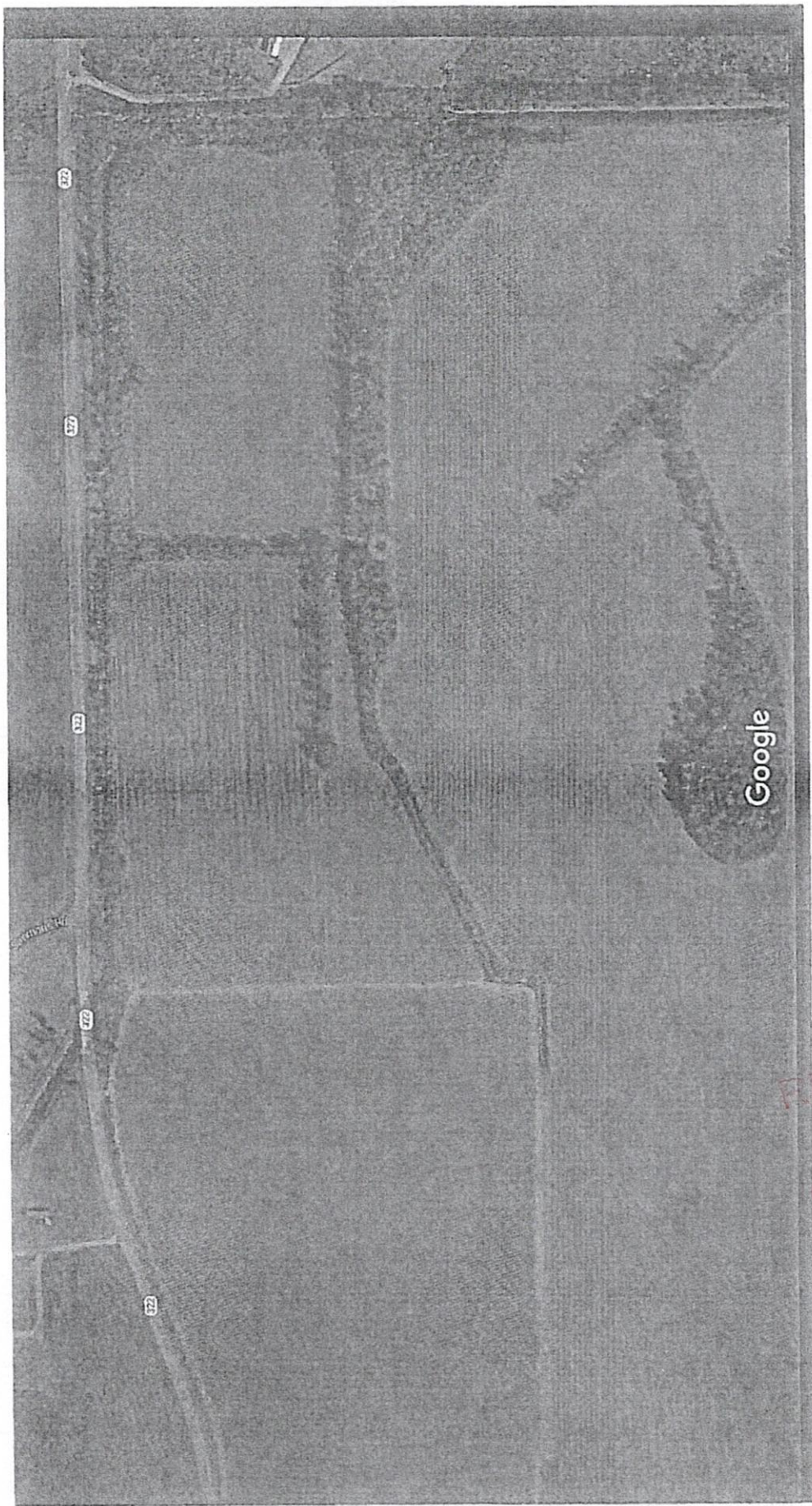
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

CHAD MATTOX UNR 8243 7/9/21 

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

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Google Maps 34°09'29.8"N 90°31'31.4"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)

For Office Use Only:

Well #: M 143
 Aquifer: _____

County: COAHOMA
 Permit #: GW-51645
 Driller: CHAD MATTOX
 Date completed: 6/18/21
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>LENNARD LEGACY LLC</u>			Latitude: <u>34.158263</u> Longitude: <u>-90.525380</u>		
Mailing Address: <u>2900 SOUTH NATIONAL AVENUE</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,		
<u>SPRINGFIELD</u> <u>MO</u> <u>65804</u>			USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>		
City	State	Zip Code	<u>NE 1/4 NE 1/4, Sec 05 T 26N R 03W</u>		
Telephone No. (____) _____			<u>1</u> Miles <u>E</u> of <u>CLARKSDALE</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (select one)

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

Date Pump Installed: 6/21/21 Rated Pump Capacity: 2200 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: 70 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 6/29/21 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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