

150

County: COAHOMA
 Permit #: GW-51694
 Driller: CHAD MATTOX
 Date drilling completed: 7/1/21

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)

For Office Use Only:
 Well #: N 190
 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 USA LLC</u> Mailing Address: <u>2004 FOX DRIVE, SUITE L</u> <hr/> <u>CHANPAIGN</u> <u>IL</u> <u>61820</u> City State Zip Code Telephone No. (____) _____			Well or Borehole Location Latitude: <u>34.007258</u> Longitude: <u>-90.638472</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> <u>SE NE</u> $\frac{1}{4}$ <u>NW SW</u> $\frac{1}{4}$, Sec <u>29</u> T <u>25N</u> R <u>04W</u> <u>2</u> Miles <u>W</u> of <u>ROUNDAWAY</u> (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data

Date drilling started: 7/1/21 Date drilling completed: 7/1/21 Hole depth: 100 Hole diameter: 24

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 (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: 36 feet above/ below land surface Date measured: 7/1/21
 (select one)

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

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 60 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 60 feet to 100 feet

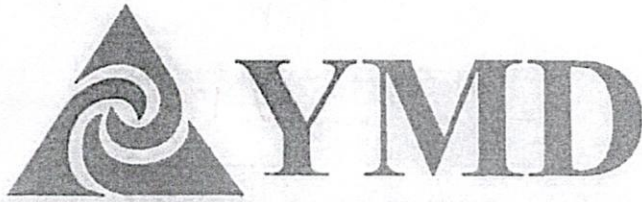
Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development

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

21-0561
westchester

Yazoo Mississippi Delta Joint Water Management District

July 2, 2021

RE: CONSTRUCTION NOTICE

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

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51694
which will be replacing GW-03481 well located at
Location: SE1/4 of the NW1/4 Section 29 Township 25N Range 04W County Coahoma
Latitude: 33.007192N Longitude -90.638397

Dear Global Ag Properties USA LLC:

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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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)

County: COAHOMA
 Permit #: GW-51694
 Driller: CHAD MATTOX
 Date completed: 7/1/21
Copy information from block on Part 1

For Office Use Only:

Well #: N 190
 Aquifer: _____

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 USA LLC</u>			Latitude: <u>34.007258</u>	Longitude: <u>-90.638472</u>
Mailing Address: <u>2004 FOX DRIVE, SUITE L</u>			Method of Lat/Long (select 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>CHANPAIGN</u>	<u>IL</u>	<u>61820</u>	<u>SE NE 1/4 NW SW 1/4, Sec 29 T 25N R 04W</u>	
City	State	Zip Code		
Telephone No. (____) _____			<u>2</u> Miles <u>W</u> of <u>ROUNDAWAY</u>	(Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 7/3/21 Rated Pump Capacity: 3000 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: 1

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 36 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 7/9/21 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 BY [Signature]

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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 7

20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
CLAY	10	30
CLAY & FINE SAND	30	45
COARSE SAND & PEA GRAVEL	45	55
MED SAND & PEA GRAVEL	55	100

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 7/9/21 
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

CIRCLE S IRRIGATION INC. TO INSTALL PUMP

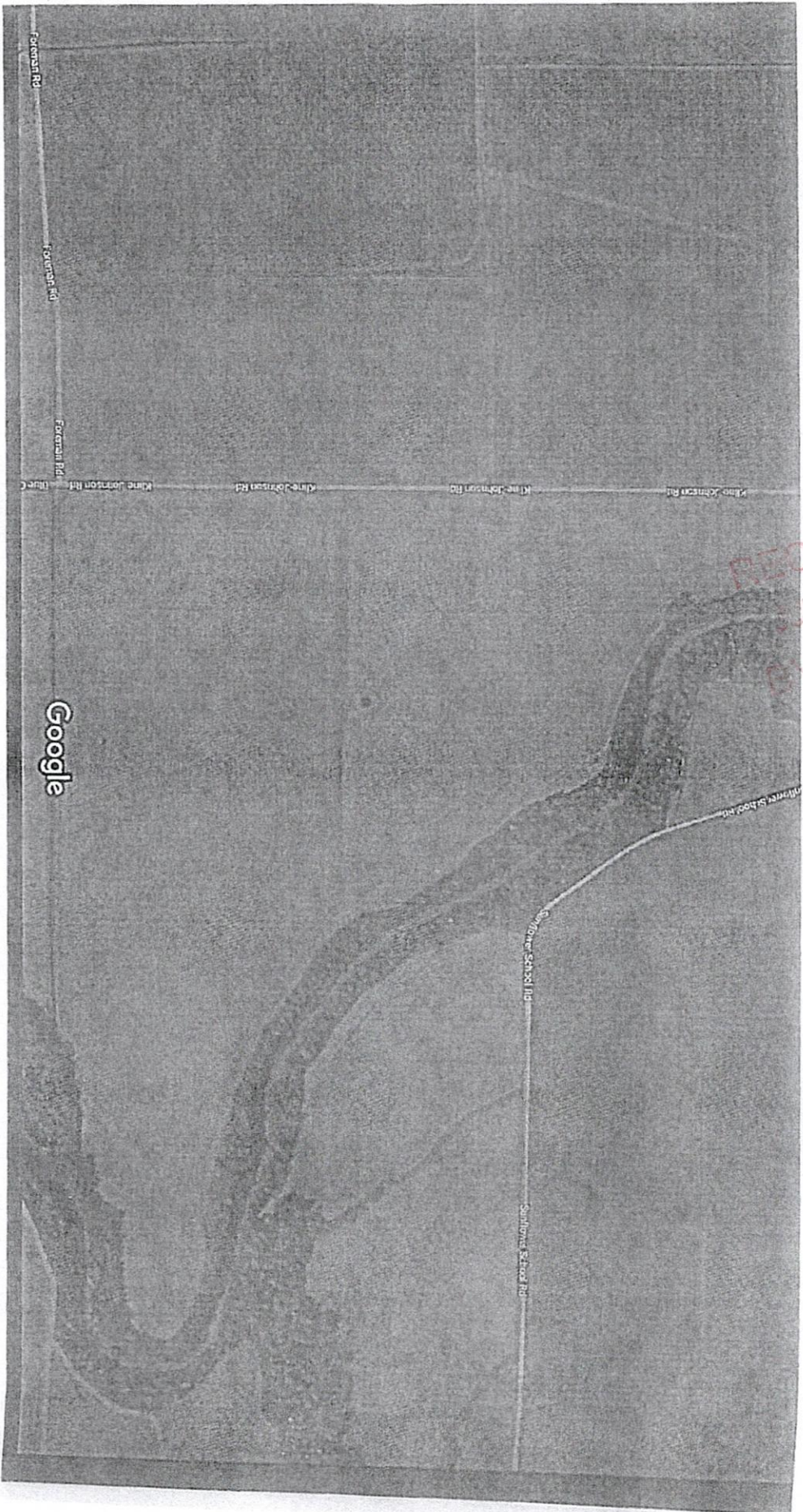
7/5/2021

Google Maps

34°00'26.1"N 90°38'18.5"W

34°00'26.1"N 90°38'18.5"W - Google Maps

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Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021

500 ft

