

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 #: E 1168
 Aquifer: _____
 E-Log #: _____

County: Desoto
 Permit #: GW-47283
 Driller: Delta Drilling of Tunica
 Date drilling completed: 12-4-13

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) | Well or Borehole Location |
|---|--|
| Owner Name: <u>Elizabeth Burgess</u> | Latitude: <u>N 34° 56' 15"</u> Longitude: <u>W 90° 12' 51"</u> |
| Mailing Address: <u>4939 Stone Park Blvd.</u> <u>Olive Branch, Ms. 38654</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | <u>SE 1/4 SW 1/4, Sec 1 T 25 R 10W</u> |
| Telephone No. (____) _____ | <u>4</u> Miles <u>West</u> of <u>Walls, Ms.</u> (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 12-4-13 Date drilling completed: 12-4-13 Hole depth: 100 Hole diameter: 24"

Location of the source of any surface water used for drilling: ground water well 1/2 mile South

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 (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 (circle 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: 19 feet [above or below] land surface Date measured: 12-4-13
(circle one)

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

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

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 40 feet to 100 feet

Type of completion (circle 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

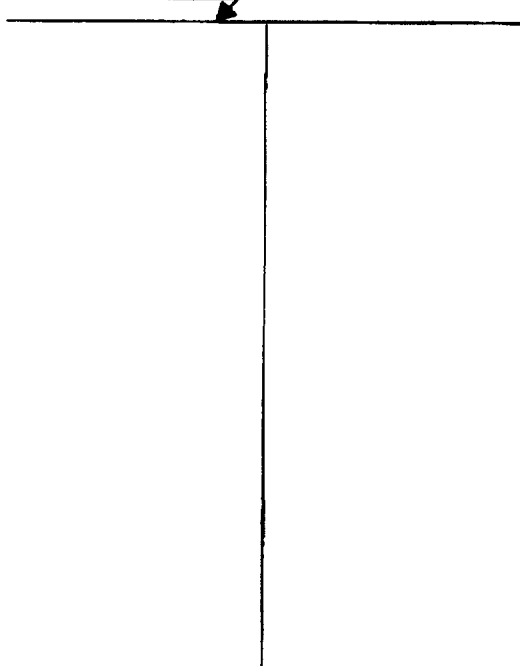
County: Desoto
 Permit #: GW-47283

For Office Use Only:
 Well #: E168

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



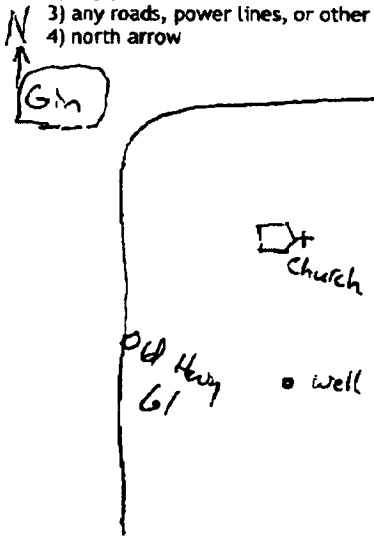
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| loamy soil | Ground level | 20 |
| heavy clay | 21 | 60 |
| Coarse sand & gravel | 61 | 100 |
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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.

Chris Shockley 2561 12-30-13 Chris Shockley
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: E 168

Aquifer: _____

County: DESOTO
Permit #: GW-47293 ✓
Driller: DELTA DRILLING OFTEN
Date completed: 12-4-13
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>ABBAY AL</u> | Latitude: <u>34° 56' 15"</u> Longitude: <u>90° 12' 51"</u> |
| Mailing Address: <u>P.O. BOX</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>WALLS</u> City <u>MS</u> State <u>38680</u> Zip Code | <u>SE 1/4 SW 1/4</u> , Sec <u>1</u> T <u>25</u> R <u>10W</u> |
| Telephone No. <u>(901) 270-8063</u> | <u>3 1/2</u> Miles <u>SSW</u> of <u>WALLS</u> (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

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

Date Pump Installed: 1-15-14 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle 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): _____ 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 (circle 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: N/A 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 2-6-14 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
FEB 10 2014
BY: **OLWR**

13-0928

09/25/2013 11:53 YMD Joint Water Mgmt Dist

(FAX)16626869078

P.002/002

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

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 Law, 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 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-GW-47283

Landowner Name: BURGESS, ELIZABETH

Landowner Address: 4939 STONE PARK BLVD
OLIVE BRANCH MS 38654

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the SW 1/4 Section: 01 Township: 02S Range: 10W

County: DESOTO

Quad: LAKE CORMORANT

Maximum Volume: 162 Acre-Foot/Year equivalent to .1446 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: ABBAY AG

Applicant Address: PO BOX 146
WALLS MS 38680

Date Permit Issued: 06/17/2013

Date Permit Expires: 06/17/2018

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: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:

Richard B. Ingram
Office Director