

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 #: J159
Aquifer: _____
E-Log #: _____

County: Humphreys
Permit #: GW-46220
Driller: Charles M. Nichols
Date drilling completed: 4-27-12

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>CB Box Co.</u>	Latitude: <u>33° 05.344N</u> Longitude: <u>90° 31.426W</u>
Mailing Address: <u>Rocky Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>P.O. BOX 66</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Midnight MS, 39115</u>	<u>SE 1/4 NE 1/4, Sec 5 T 14N R 3W</u>
City State Zip code	_____ Miles _____ of _____ <small>(Distance) (Direction) (Nearest Town)</small>
Telephone No. () - _____	

Well / Borehole Data

Date drilling started: 4-27-12 Date drilling completed: 4-27-12 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: old well

Method of dosing and volume of Chlorine used in drilling and development: H T H

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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: _____ feet above or below land surface Date measured: _____
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check 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 _____ feet to _____ feet

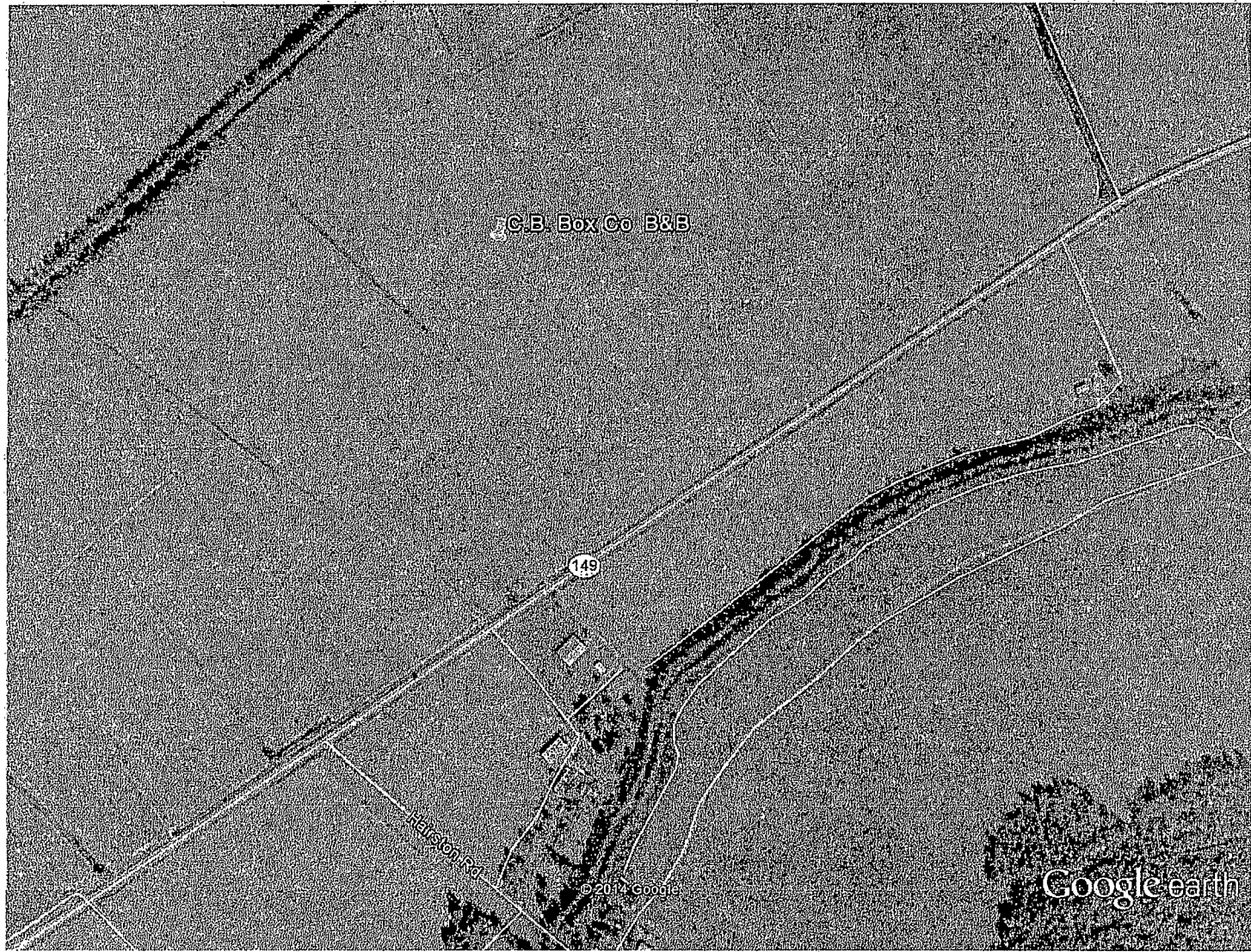
Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ Feet

If telescoped or more than one screen, describe on next page

RECEIVED
APR 21 2014
BY: OLWR

J



Google earth



RECEIVED

APR 21 2014

EX-ONE



Dean A. Pennington, 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

J159

April 24, 2012

C B Box Co
Rocky Bond
PO Box 66
Midnight MS 39115

RE: Well Construction / Authorization to Drill

Permit No: GW-46220 (Replacement Well for GW-05671)

Dear C B Box Co / Rocky Bond,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: SE1/4 of the NE1/4 Section 05 Township 14N Range 03W County Quitman *Humphreys*
Latitude: 33 05 27 Longitude: 90 31 23

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

RECEIVED

APR 21 2014

DAVID OLIVER