County:	Leflore	
Permit #:	GW-51574	
Driller:	Chicot Irriga	tion, Inc.
Date drilli	ng completed:	7-24-21

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 O	nly:
Well #:	P	211	
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	Well or Borehole Location
(Landowner if borehole is not for a water well)	000 451 4 0004
Owner Name: Leslie Lampton III	Latitude: 33° 15' 4.6"N Longitude: 90° 25' 5.6"W
Mailing Address: 377 Rolling Meadows Road	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
Ridgeland MS 39157	1R 14 1R 14, Sec 16 T 16N R 2W
City State Zip code Telephone No. () -	Miles South of Swiftown
Telephone No.	(Distance) (Direction) (Nearest Town)
Well / Bo	rehole Data
Date drilling started: 7-24-21 Date drilling completed:	7-24-21 Hole depth: 108' Hole diameter: 24"
Location of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and dev	velopment: 50 PPM
Logs run (check all applicable): $igtimes$ No log run $igcup$ Electric $igcup$ Gan	nma Ray 🗌 Density 🔲 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotec	hnical/Geological Investigation
	Other (describe)
If ariting is not retated to water well con	nstruction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ I	Public Supply ⊠ Irrigation ☐ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: feet [☐ above or ☒ beld (check one)	I W Barrier was
Method of Measurement (check one) $\ \ \ \ \ \ \ \ \ \ \ \ \ $	pe Air line Other: (describe)
	et Type of grout (check one): Neat Cement Bentonite Mix
Casing length: 68 feet Casing diameter: 16	inches Type of casing:
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: inches Setting depth	: From <u>69</u> feet to <u>108</u> feet
Type of completion (check all applicable): \boxtimes Gravel packed \square l	Underreamed ☐ Open hole ☐ Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than or	ne screen, describe on next page

County: Leflore		Well #:	r Office Use (
Permit #: GW-51574				
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations en and boreholes, unless specif	ncountered mus fically exempted	t be provided for a	ll wells
Ground level	Description of Formations Clay	Encountered	From (depth) Ground level	To (depth)
	Med. Sand & Grave		57	108
If more than one screen, show location of each on sketch	ch			
Sketch the property layout and include the followin 1) the well location 2) any permanent structures on the property 3) any roads, power lines, or other items that 4) a north arrow	that may aid in locating the well	the well		
			RECEI'	VED
			OCT 11	2021
			BYOL	WR
Landaura Nama				
Landowner Name:				
I HEREBY CERTIFY that the well/borehole was di requirements of the Mississippi Department of Envi if applicable, and state laws.	rilled, constructed, and completed in vironmental Quality and the Mississip	accordance wit pi Department	th all applicable	SWR-1A (04/08 ions,
John Newcome - 0773	9.22.21 40	Mei	J	1_
Print Name of Responsible Licensee and License	No. Date	Signatu	re of Licensee	VD 44 (4/40)

County: Leflore Permit #: GW-51574 Driller: Chicot Irrigation, Inc. Date drilling completed: 7-24-21 Copy information from block on Part 1

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

For	Office Use Only:
Well #:	P 211
Aquifer:	

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

(601) 360-0535 (fax) 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 Location** Well Owner Information Owner Name: Leslie Lampton III Latitude: 33° 15' 4.6"N Longitude: 90° 25' 5.6"W Mailing Address: 377 Rolling Meadows Road Method of Lat/Long (check one):

Conventional Survey, ☐ USGS guad, ☑ Hand-held GPS, ☐ Survey-grade GPS 1 1 16N R 2W MS 39157 Ridgeland State Zip code South of Swiftown Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Rated Pump Capacity: 2100 +/- Gallons Per Minute Date Pump Installed Is This Pump (check one):

New ☐ Repaired ☐ Replacement Power Type (check one) ☑ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): feet Number of Stages: 1 Horse Power Rating of Motor: 60 Setting Depth: 70 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: 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 (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Feet Measured shut in head: feet after hours of pumping GPM with a drawdown of Well yielded Meter Installation Meter Serial Number: REC Meter Manufacturer: Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: Is This Meter (check 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. John Newcome - 0773 Date Signature of Pump Installer

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

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 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-51574

Total Permitted Acreage: 52

Landowner Name:

LAMPTON III, LESLIE

Landowner Address: 377 ROLLING MEADOWS ROAD

RIDGELAND, MS 39157

Source of Water:

MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s):

WILDLIFE MANAGEMENT

Diversion/Withdrawal Location: IR 1/4 of the IR 1/4

Section: 16 Township: 16N Range: 02W

County:

LEFLORE

Quad:

SWIFTOWN

Permitted Acreage:

Irrigation: 0

Fish Culture: 0

Wildlife Management: 52

Maximum Volume:

See Special Terms And Conditions (attachment I)

Applicant Name:

LAMPTON III, LESLIE

Applicant Address:

377 ROLLING MEADOWS ROAD

RIDGELAND, MS 39157

Date Permit Issued:

05/13/2021

Date Permit Expires:

05/13/2026

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:

OCT 11 2021

See Attachment I which is hereby declared part of this pormit

See Attachment I which is hereby declared part of this permit.

BY OLWR

Kay Whittington, Director Office of Land and Water Resources

Can Why



OCT 11 2021 BY OLWR