

170

STATE WELL REPORT

County: QUITMAN
 Permit #: GW-51304
 Driller: CHAD MATTOX
 Date drilling completed: 6/5/21

Part I
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 #: A 114
 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>MAROON CRENSHAW III LLC.</u> Mailing Address: <u>PO BOX 1720</u> <hr/> <u>COLLIERVILLE</u> <u>TN</u> <u>38027</u> City State Zip Code Telephone No. (____) _____			Well or Borehole Location Latitude: <u>33.4819</u> Longitude: <u>-90.2162</u> <u>34.4817</u> <u>-90.2209</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>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>14</u> T <u>07S</u> R <u>10W</u> <u>1.5</u> Miles <u>S</u> of <u>CRENSHAW</u> (Distance) (Direction) (Nearest Town)		
---	--	--	--	--	--

Well / Borehole Data

Date drilling started: 6/5/21 Date drilling completed: 6/5/21 Hole depth: 115 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: 32 feet above/ below land surface Date measured: 6/5/21
 (select one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 75 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 115 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
 JUL 16 2021
 BY OLWR

STATE OF MISSISSIPPI

Department of Environmental Quality
Office of Land and Water Resources
P.O.Box 2309
Jackson, Mississippi 39225

30

21-0431

**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-51304 Total Permitted Acreage: 112

Landowner Name: MAROON CRENSHAW III LLC
Landowner Address: PO BOX 1720
LAND MANAGEMENT GROUP
COLLIERVILLE, TN 38027

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 Section: 14 Township: 07S Range: 10W
County: QUITMAN Quad: CRENSHAW SOUTH
Permitted Acreage: Irrigation: 112 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: MAROON CRENSHAW III LLC
Applicant Address: PO BOX 1720
LAND MANAGEMENT GROUP
COLLIERVILLE, TN 38027

Date Permit Issued: 10/14/2020
Date Permit Expires: 10/14/2025
Date Permit Modified:
Date Permit Reissued:

RECEIVED
JUL 16 2021
BY OLWR

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:

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): MS-GW-46116

SPECIAL TERMS AND CONDITIONS 2:

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

Kay Whittington, Director
Office of Land and Water Resources

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: QUITMAN
 Permit #: GW-51304
 Driller: CHAD MATTOX
 Date completed: 6/5/21
Copy information from block on Part 1

For Office Use Only:

Well #: A114
 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>MAROON CRENSHAW III LLC.</u>			Latitude: <u>33.4819</u>	Longitude: <u>-90.2162</u>
Mailing Address: <u>PO BOX 1720</u>			Method of Lat/Long (select one): <u>Conventional Survey</u> <input type="radio"/>	
<u>COLLIERVILLE</u>	<u>TN</u>	<u>38027</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>	
City	State	Zip Code	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>14</u> T <u>07S</u> R <u>10W</u>	
Telephone No. () _____			1.5 Miles <u>S</u> of <u>CRENSHAW</u>	
			(Distance) (Direction) (Nearest Town)	

Pump Type (select one)

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

Date Pump Installed: 6/14/21 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): 32 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 6/22/21
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 JUN 23 2021
 BY OLWR