

County: Sharkey
 Permit #: GW-51455
 Driller: Chicot Irrigation, Inc.
 Date drilling completed: 7-9-21

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)

105

For Office Use Only:
 Well #: E 109
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Delta Roots</u>	Latitude: <u>32° 53' 37"N</u> Longitude: <u>90° 53' 59"W</u>
Mailing Address: <u>2310 Lafayette Avenue</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Greensboro</u> <u>NC</u> <u>27408</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>10</u> T <u>12N</u> R <u>7W</u>
Telephone No. () -	<u>2</u> Miles <u>SW</u> of <u>Rolling Fork</u>
	<small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 7-9-21 Date drilling completed: 7-9-21 Hole depth: 130' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: DEC 20 2021
(check one)

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

Well depth: 130 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 - 90 feet to 96 - 130 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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Form: OLWR-SWR-1A (4/13)

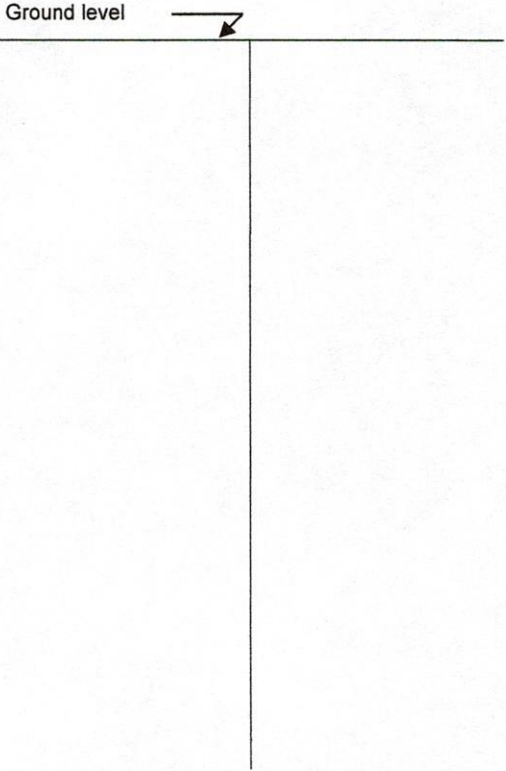
County: Sharkey
 Permit #: GW-51455

For Office Use Only:

Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
Topsoil	Ground level	10
Clay	11	45
Clay & Sand	46	55
Fine Sand	56	80
Fair Sand	81	90
Fine Sand	91	95
Med. Sand	96	130

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

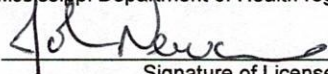
- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) a north arrow

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Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

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.

John Newcome - 0773	11-11-21	 _____
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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

County: Sharkey
 Permit #: GW-51455
 Driller: Chicot Irrigation, Inc.
 Date drilling completed: 7-9-21
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
 (601) 360-0535 (fax)

For Office Use Only:

Well #: E 109
 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>Delta Roots</u>	Latitude: <u>32° 53' 37"N</u> Longitude: <u>90° 53' 59"W</u>
Mailing Address: <u>2310 Lafayette Avenue</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Greensboro</u> <u>NC</u> <u>27408</u> City State Zip code	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>10</u> T <u>12N</u> R <u>7W</u>
Telephone No. () -	<u>2</u> Miles <u>SW</u> of <u>Rolling Fork</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed _____ Rated Pump Capacity: 1400 +/- Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 40 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 (check 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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: DEC 20 2021

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

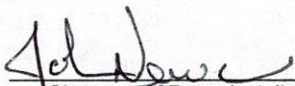
Installation Date: _____ Meter installed by: BY OLWR

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 11-11-21
 Print Name of Pump Installer and License No. (if applicable) Date


 Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)

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-51455 **Total Permitted Acreage:** 50

Landowner Name: DELTA ROOTS
Landowner Address: 2310 LAFAYETTE AVENUE
GREENSBORO, NC 27408

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the SE 1/4 **Section:** 10 **Township:** 12N **Range:** 07W

County: SHARKEY **Quad:** ROLLING FORK WEST

Permitted Acreage: **Irrigation:** 50 **Fish Culture:** 0 **Wildlife Management:** 0

Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: LEE, RICKY
Applicant Address: PO BOX 152
ROLLING FORK, MS 39159

Date Permit Issued: 06/16/2021

Date Permit Expires: 06/16/2026

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.

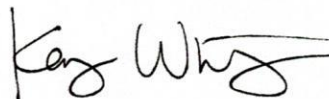
SPECIAL TERMS AND CONDITIONS 1:

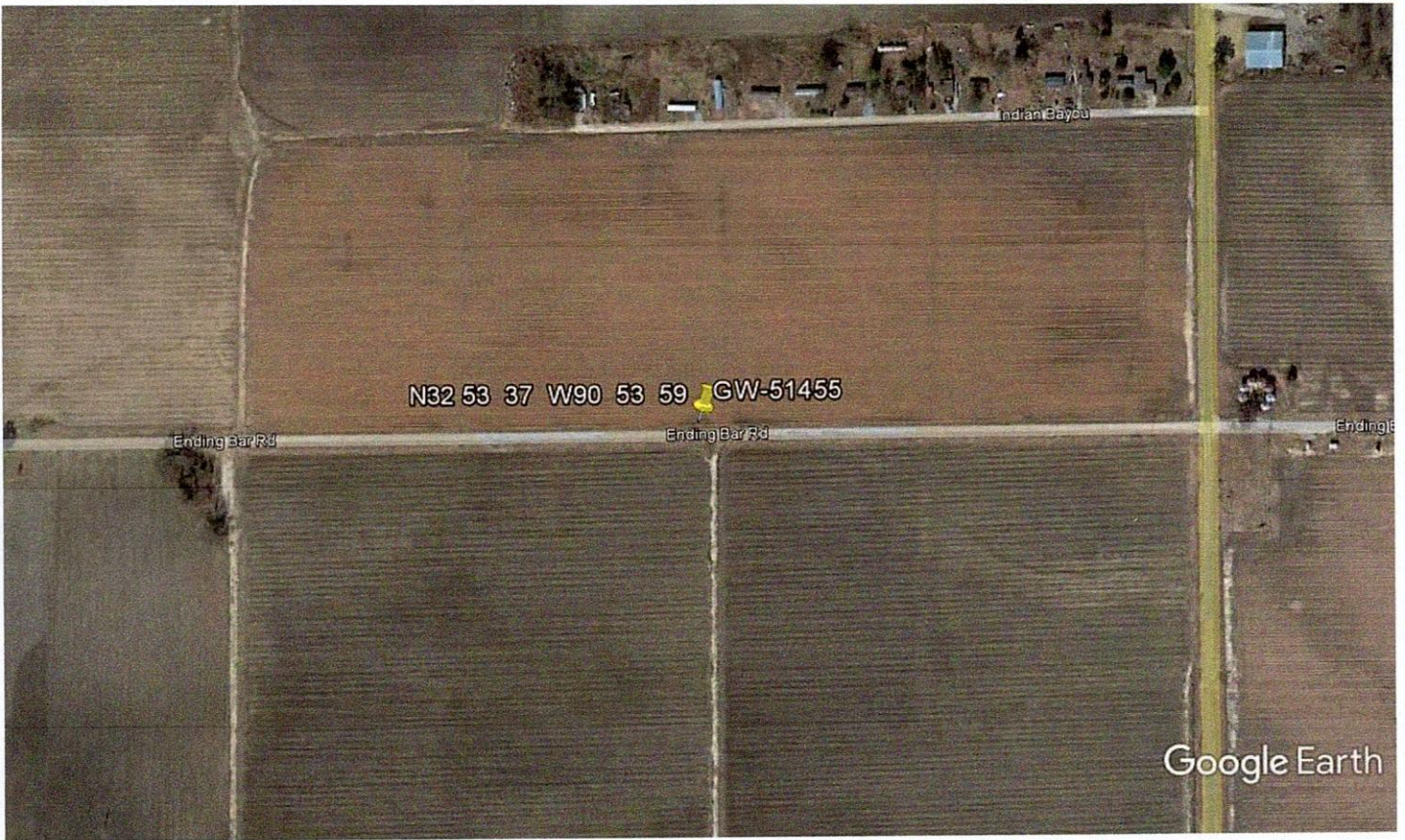
See Attachment I which is hereby declared part of this permit.

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