

County: Tunica  
 Permit #: GW-49105  
 Driller: Joel Lumper  
 Date drilling completed: 3-15-16

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A 208  
 L. S. Elevation: \_\_\_\_\_  
 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.*

**Information on Well Owner**  
 (Landowner if borehole is not for a water well)  
 Owner Name: Mama Bear LLC ET AL  
 Mailing Address: Po Box 97  
Robinsonville Ms 38864  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**  
 Latitude: 34° 47' 48" Longitude: 90° 23' 36"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 NW 1/4 Sec 29 Twn 03S Rng 11W  
 Distance Direction Nearest Town  
2 Miles W of Robinsonville

**Well / Borehole Data**  
 Date drilling started: 3-15-16 Date drilling completed: 3-15-16 Hole depth: 110 Hole diameter: 2 1/2 in  
 Location of the source of any surface water used for drilling: Nearest Well  
 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 (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 one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-16-16  
 Method of Measurement (circle one) Steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

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

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

15-0936

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**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, 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-49105

**Landowner Name:** MAMA BEAR LLC ET AL

**Landowner Address:** PO BOX 97

ROBINSONVILLE MS 38664

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**Source Of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** SW 1/4 of the NW 1/4

**Section:** 29 **Township:** 03S **Range:** 11W

**County:** TUNICA

**Quad:** COUNCIL

**Maximum Volume:** 60 Acre-Feet/Year equivalent to .0536 Million Gallons/Day

**Maximum Rate:** 1600 Gallons/Minute

**Applicant Name:** PRETTY FIELD FARMS LLC

**Applicant Address:** PO BOX 97

ROBINSONVILLE MS 38664

**Date Permit Issued:** 10/08/2015

**Date Permit Expires:** 10/08/2020

**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:**



Gary C. Rikard, Executive Director  
Mississippi Department of Environmental Quality

# 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: TUNICA  
 Permit #: GW-49105  
 Driller: JOLTED WELL SERVICES  
 Date completed: 3-15-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: \_\_\_\_\_  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>PRETTY FIELD FARMS</u>                  Mailing Address: <u>P.O. BOX 97</u>  <u>ROBINSONVILLE MS 38664</u>                  City State Zip Code                  Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>34° 47.47'</u> Longitude: <u>90° 23.32"</u>                  Method of Lat/Long (check one): Conventional Survey _____,                  USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>SW</u> ¼ <u>NW</u> ¼, Sec <u>29</u> T <u>03S</u> R <u>11W</u>  <u>4 1/2</u> Miles <u>WSW</u> of <u>ROBINSONVILLE</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 3-16-16 Rated Pump Capacity: 1600 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: 2

**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**

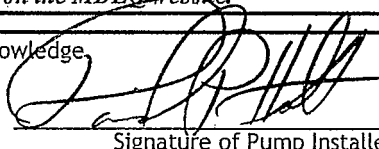
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle 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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P 4-7-16   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

By OLWR

15-0931