

# 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)

182

County: <u>TUNICA</u>
Permit #: <u>GW-51215</u>
Driller: <u>CHAD MATTOX</u>
Date drilling completed: <u>10/2/20</u>

<b>For Office Use Only:</b>	
Well #: <u>B 109</u>	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>GLOBAL AG PROPERTIESII USA LLC</u>	Latitude: <u>34.8152N</u> Longitude: <u>-90.2552</u>
Mailing Address: <u>2004 FOX DRIVE STE L</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,
<u>CHAMPAIGN</u> IL <u>61820</u>	USGS quad <input type="radio"/> NE <input checked="" type="radio"/> NE <input type="radio"/> NE <input type="radio"/> NE, Sec <u>21</u> T <u>03S</u> R <u>10W</u>
City State Zip Code	_____ Miles _____ of _____ <small>(Distance) (Direction) (Nearest Town)</small>
Telephone No. (____) _____	

Well / Borehole Data	
Date drilling started: <u>10/2/20</u>	Date drilling completed: <u>10/2/20</u> Hole depth: <u>86'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>27</u> feet <input type="radio"/> above / <input type="radio"/> below land surface Date measured: _____ <small>(select one)</small>	
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____	
Well depth: <u>86</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>46</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches	Setting depth: From <u>46</u> feet to <u>86</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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

East Clark

20-0565

**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-51215 **Total Permitted Acreage:** 80

**Landowner Name:** GLOBAL AG PROPERTIES II USA LLC  
**Landowner Address:** 2004 FOX DRIVE STE L  
CHAMPAIGN, IL 61820

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NE 1/4 of the NE 1/4 Section: 21 Township: 03S Range: 10W

**County:** TUNICA **Quad:** ROBINSONVILLE

**Permitted Acreage:** Irrigation: 80 Fish Culture: 0 Wildlife Management: 0

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

**Applicant Name:** WESTCHESTER GROUP  
**Applicant Address:** 1207 CARDINAL CIRCLE  
SCOTT MITCHELL  
INDIANOLA, MS 38751

**Date Permit Issued:** 08/17/2020

**Date Permit Expires:** 08/17/2025

**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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*Kay Whittington*

**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: <u>TUNICA</u>
Permit #: <u>GW-51215</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>10/23/20</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>B 109</u>
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>GLOBAL AG PROPERTIESII USA LLC</u>	Latitude: <u>34.8152N</u> Longitude: <u>-90.2552</u>
Mailing Address: <u>2004 FOX DRIVE STE L</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,
<u>CHAMPAIGN</u> <u>IL</u> <u>61820</u>	USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>21</u> T <u>03S</u> R <u>10W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>10/23/20</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (select one): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement

Power Type (select one)
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>27</u> 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): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement
<i>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>

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

David P. Holt	0-752P	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

**20-0565 WESTCHESTER**

34 48 54.57 N 90 15 18.80 W

**Legend**

34.0169086, -90.3484247  
ADD SPANLMDOC  
Feature 1

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Robinsonville

20-0689 WESTCHESTER

20-0662 WESTCHESTER

20-0690 WESTCHESTER

20-0565 WESTCHESTER GAP II

20-0666 DELINE BOWDRE

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