

# 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)

County: Tunica  
Permit #: GW-50609  
Driller: Chad Mattox  
Date drilling completed: 5/23/19

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

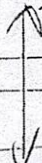
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Global Ag Properties</u>	Latitude: <u>37° 36' 30"</u> Longitude: <u>90° 24' 35"</u>
Mailing Address: <u>2004 Fox Drive STE L</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Champaign</u> <u>IL</u> <u>61820</u>	USGS quad, <u>NW 1/4 NW 1/4 Sec 31 Twn 5S Rng 11W</u>
City State Zip Code	Distance <u>1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Clayton</u>
Telephone No. <u>(901) 351-3060</u>	

Well / Borehole Data
Date drilling started: <u>5/18/19</u> Date drilling completed: <u>5/18/19</u> Hole depth: <u>140</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 (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>26</u> feet above or below (circle one) land surface Date measured: <u>JUL 23 2019</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix
Casing length: <u>100</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>100</u> feet to <u>140</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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>



If well telescopes, show depths on sketch.

20	Casing
20	
20	
20	
20	Casing
20	Screen
20	Screen

[illegible]

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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JUL 23 2019  
BY OLWR

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

I 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

Print Name of Responsible Licensee and License No. Charles H. Mattox UNR-8243

Date \_\_\_\_\_

Signature of Licensee



# 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 #: 6155  
Aquifer: \_\_\_\_\_

County: TUNICA  
Permit #: MS-GW-50609  
Driller: Chad Mattox  
Date completed: 3-27-19  
Copy information from block on Part 1

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 Properties</u>			Latitude: <u>34 36 30</u>	Longitude: <u>90 24 35</u>
Mailing Address: <u>2004 Fox Drive STE L</u>			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Champaign</u>	<u>IL</u>	<u>61820</u>	<u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>31</u> T <u>55</u> R <u>11W</u>	
City	State	Zip Code		
Telephone No. ( ) _____			<u>1/2</u> Miles <u>N</u> of <u>Clayton</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)  
Submersible ☒ Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 5/20/19 Rated Pump Capacity: 3000 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: 1

Pump Test Data for Non Flowing Well  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): 26 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
David P. H. H. 6/21/19 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

\* Circle S Irrigation to install pump.



# STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

Owen  
Clayton

19-0134

elec. old 61

## 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:

emailed to chad 5/24/19

Permit Number: MS-GW-50609

Landowner Name: GLOBAL AG PROPERTIES USA LLC

Landowner Address: 2004 FOX DRIVE STE L

CHAMPAIGN

IL 61820

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 31 Township: 05S Range: 11W

County: TUNICA

Quad: DUNDEE

Maximum Volume: 263 Acre-Feet/Year equivalent to .2348 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: WESTCHESTER GROUP

Applicant Address: 1207 CARDINAL CIRCLE

INDIANOLA

MS 38751

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JUL 23 2019

BY OLWR

Date Permit Issued: 10/23/2018

Date Permit Expires: 10/23/2023

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:

*[Signature]*

Gary C. Rikard, Executive Director