

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)

For Office Use Only:

Well #: P96
Aquifer: _____
E-Log #: _____

County: Yazoo
Permit #: 6W-49306¹
Driller: J. Newcome 05773
Date drilling completed: 6/20/16

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)	Well or Borehole Location
Owner Name: <u>Cypert Company LLC</u>	Latitude: <u>32.43.41</u> Longitude: <u>90.33.34</u>
Mailing Address: <u>1592 Anne Stokes Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville</u> <u>MS</u> <u>38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4, Sec 12 T 10 N R 04 W</u>
Telephone No. () _____	<u>4.2</u> Miles <u>NW</u> of <u>Satartia</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>6/20</u> Date drilling completed: <u>6/20</u> Hole depth: <u>107</u> Hole diameter: <u>24</u>	
Location of the source of any surface water used for drilling: <u>ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: <u>OLWR</u>	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well 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 (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> 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: _____ (circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____	
Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>55</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PUC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PUC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>55</u> feet to <u>50</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> 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

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 #: 99b
Aquifer: _____

County: <u>Yazoo</u>
Permit #: <u>GW-49306</u>
Driller: <u>J. Newcome 0773</u>
Date completed: <u>6/20/16</u>
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>Cypert Company LLC</u>	Latitude: <u>32.43.41</u> Longitude: <u>90.33.34</u>
Mailing Address: <u>1592 Anne Stokes Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville</u> MS <u>38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW SW 1/4 NE 1/4, Sec 12 T10N R04E</u>
Telephone No. (____) _____	<u>4.2</u> Miles <u>NW</u> of <u>Satsuma</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6/22/16 Rated Pump Capacity: 2500 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: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: Not 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. Not Tested

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: RECEIVED

Meter Model Number/Name: No Meter Type of Meter: MAR 10 2017

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

Installation Date: _____ Meter installed by: WR

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standard. For agricultural wells, a list of approved meters is on the MDEQ website.

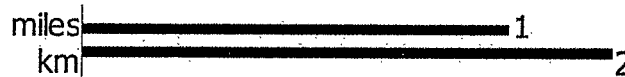
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Hubbard Stephens 741-D 6/20/16 Hubbard Stephens

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Google earth



RECEIVED

MAR 16 2017

WR

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, 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-49306

Landowner Name: CYPERT COMPANY LLC
Landowner Address: 1592 ANNE STOKES ROAD
GREENVILLE MS 38701

Source Of Water: MISSISSIPPI RIVER VALLEY ALLOVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 **Section:** 12 **Township:** 10N **Range:** 04W

County: YAZOO

Quad: SATARTIA

Maximum Volume: 348 Acre-Feet/Year *equivalent to* .3106 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: F J SMYTHE AND SONS
Applicant Address: 3234 TRIBBETT ROAD
LELAND MS 38756

RECEIVED

MAR 16 2017

Date Permit Issued: 05/11/2016

Date Permit Expires: 05/11/2021

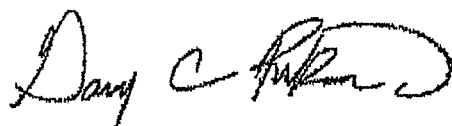
Date Permit Modified:

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