

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Type of completion (check all applicable):  Gravel packed  Undreamed  Telescoped  Open hole  Natural Development  Other (describe): \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: PVC

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: PVC

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

Method of Measurement (check one):  steel tape  electric tape  air line  other: \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (check one)  land  surface Date measured: 11/07/2012

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Purpose of Well (check one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Seismic Survey  Other (describe) \_\_\_\_\_

Purpose of borehole (check one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump

Logs run (check all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

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

Date drilling started: 10/22/2012 Date drilling completed: 10/22/2012 Hole depth: 116 Hole diameter: 24"

**Well / Borehole Data**

Owner Name: Mike Oil Company Mailing Address: P.O. Box 966

City: Natchez State: Ms Zip code: 39121 Telephone No. ( ) - -

Latitude: 31° 20' 05.6" Longitude: 91° 25' 29" Method of Lat/Long (check one):  Conventional Survey,  USGS quad,  Hand-held GPS,  Survey-grade GPS

IR  $\frac{1}{4}$  IR  $\frac{1}{2}$  Sec 8  $\frac{1}{4}$  4N 3W 3W 3W

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

3 Miles Southwest of Sibley

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

For Office Use Only:

Acquirer: \_\_\_\_\_

Well #: M 25

L.S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

**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: Adams

Permit #: GW-17032 /

Driller: Irrigation Equipment

Date drilling completed: 10/22/2012

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground level

*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)
<b>Clay</b>	Ground level	<b>75</b>
<b>Fine Sand &amp; Gravel</b>	<b>76</b>	<b>109</b>
<b>Fine Sand &amp; Clay</b>	<b>110</b>	<b>116</b>

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.

Landowner Name: Mike Oil Company

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 laws.

Patrick Chism 0695  
Print Name of Responsible Licensee and License No.

11/30/2012  
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  
(601) 961-5210  
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M25  
Elevation: \_\_\_\_\_

County: Adams

Permit #: GW-17032

Driller: Irrigation Equipment

Date drilling completed: 10/22/2012

*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>Mike Oil Company</u>	Latitude: <u>31 20' 05.6 N</u> Longitude: <u>91 25' 29.1 W</u>
Mailing Address: <u>P.O. Box 966</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>Natchez</u> <u>Ms</u> <u>39121</u> City State Zip code	<u>IR</u> <u>1/4</u> <u>IR</u> <u>1/4</u> Sec <u>8</u> T <u>4N</u> R <u>3W</u>
Telephone No. ( ) -	Distance Direction Nearest Town <u>3</u> Miles <u>Southwest</u> of <u>Sibley</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11/07/2012</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

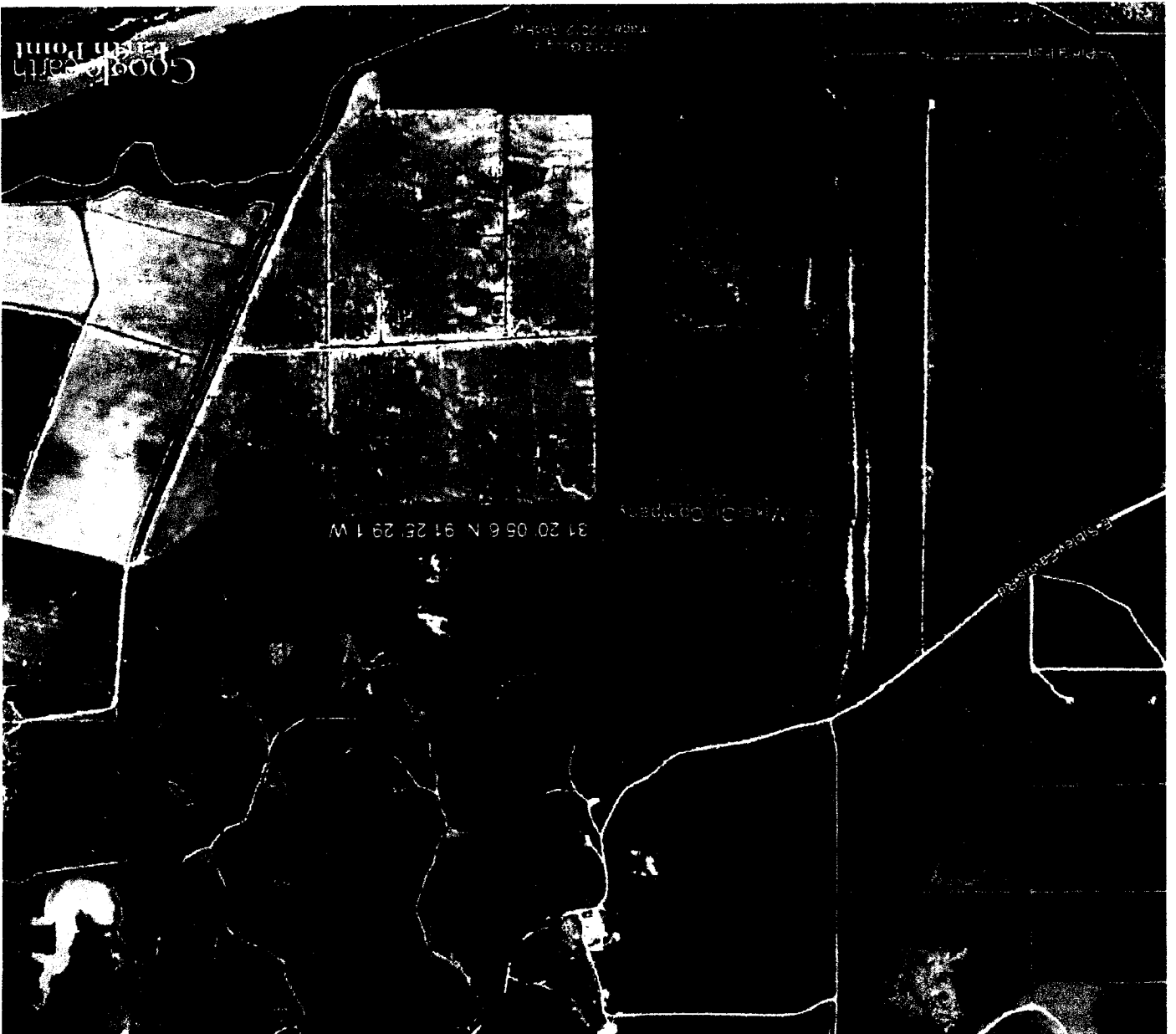
This is for (check one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

<u>Patrick Chism</u> Print Name of Pump Installer and License No. (if applicable)	<u>0695</u> Signature of Pump Installer
--	--

Google earth

miles  
km



31 20 05 6 N 91 26 29 1 W

M 25

M25

**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-17032

**Landowner Name:** MIKE OIL COMPANY

**Landowner Address:** PO BOX 966  
 NATCHEZ

MS 39121

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

**Beneficial Use:** IRRIGATION WILDLIFE MANAGEMENT

**Diversion/Withdrawal Location:** IR 1/4 of the IR 1/4      **Section:** 08    **Township:** 04N    **Range:** 03W

**County:** ADAMS

**Quad:** BUCK ISLAND

**Maximum Volume:** 100 Acre-Foot/Year    *equivalent to* .0893 Million Gallons/Day

**Maximum Rate:** 2000 Gallons/Minute

**Applicant Name:** BIGLANE, JAMES M

**Applicant Address:** PO BOX 966  
 NATCHEZ

MS 39121

**Date Permit Issued:** 11/05/2012

**Date Permit Expires:** 11/05/2022

**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:** NONE

**SPECIAL TERMS AND CONDITIONS 2:**

*Richard B. Ingram*

Richard B. Ingram  
 Office Director