

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)

County: BOLEVAIR
 Permit #: GW-45661
 Driller: Irrigation Equipment
 Date completed: 3-29-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A139
 Elevation: _____

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>CHARLES CLARK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 604</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Louisville, MS 39339</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City, State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24 T 25 N R 6 W</u>
Telephone No. <u>(601) 803-0710</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-27-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line 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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVIN P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-18 (04/08)

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MAY 29 2012

BY: OLWR



Google earth

feet
km
1
4000



Google earth

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APR 10 2012

BY: OLWR

11-079
0# 22792

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

A139

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-45661

Landowner Name: CLARK, CHARLES

Landowner Address: PO BOX 604

LOUISVILLE

MS 39339

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 24 **Township:** 25N **Range:** 06W

County: BOLIVAR

Quad: ROUND LAKE

Maximum Volume: 258 Acre-Feet/Year *equivalent to* .2303 Million Gallons/Day

Maximum Rate: 1800 Gallons/Minute

Applicant Name: CLARK, CHARLES

Applicant Address: PO BOX 604

LOUISVILLE

MS 39339

Date Permit Issued: 11/30/2011

Date Permit Expires: 11/30/2016

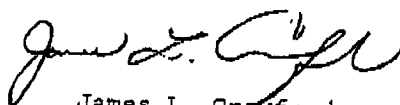
Date Permit Modified:

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:



James L. Crawford
Office Director

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