

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 #: C213
Aquifer: MRVA
E-Log #: _____

County: BOLIVAR
Permit #: GW-50873
Driller: CHAD MATTOX
Date drilling completed: 7/22/19

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>WILL HOOD</u>	Latitude: <u>33 57 41.25N</u> Longitude: <u>90 52 35.1W</u>
Mailing Address: <u>413 NORMAN CIRCLE</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>CLEVELAND</u> <u>MS</u> <u>38732</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>01</u> T <u>24N</u> R <u>07W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>719-5996</u>	

Well / Borehole Data
Date drilling started: <u>7/22/19</u> Date drilling completed: <u>7/22/19</u> Hole depth: <u>115</u> Hole diameter: <u>19</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) _____

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

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>34</u> feet <input type="radio"/> above/ <input checked="" type="radio"/> below land surface Date measured: <u>7/22/19</u> (select one)
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: _____ 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>75</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>75</u> feet to <u>115</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

If telescoped or more than one screen, describe on next page

RECEIVED
08-29-2019
BY OLWR

County: BOLIVAR
 Permit #: GW-50873



For Office Use Only:
 Well #: C213

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

CASING	20
CASING	40
CASING	60
CASING	75
SCREEN	95
SCREEN	115

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
		10
CLAY	10	20
CLAY	20	30
MED SAND	30	40
MED SAND AND PEA GRAVEL	40	50
MED SAND AND PEA GRAVEL	50	60
MED SAND , PEA GRAVEL AND GRAVEL	60	70
MED SAND , PEA GRAVEL AND GRAVEL	70	80
MED SAND , PEA GRAVEL AND GRAVEL	80	90
MED SAND , PEA GRAVEL AND GRAVEL	90	100
MED SAND , PEA GRAVEL AND GRAVEL	100	110
MED SAND , PEA GRAVEL AND GRAVEL	110	115

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) north arrow

Landowner Name: _____

I HEREBY 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.

CHAD MATTOX UNR 8243

8/26/19

Print Name of Responsible Licensee and License No.

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 #: C213
 Aquifer: _____

County: BOLIVAR
 Permit #: GW-50873
 Driller: CHAD MATTOX
 Date completed: 7/23/19
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>WILL HOOD</u>	Latitude: <u>33 57 41.25N</u> Longitude: <u>90 52 35.1W</u>
Mailing Address: <u>413 NORMAN CIRCLE</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>CLEVELAND</u> MS <u>38732</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City State Zip Code	_____ Miles _____ of _____
Telephone No. (<u>662</u>) <u>719-5996</u>	(Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 7/23/19 Rated Pump Capacity: 700 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 70 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 34 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): 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. Holt 0-752P 8/24/19 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

19-0373

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-50873 **Total Permitted Acreage:** 170

Landowner Name: HOOD, WILL
Landowner Address: 413 NORMAN CIRCLE
CLEVELAND, MS 38732



Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the SE 1/4 **Section:** 01 **Township:** 24N **Range:** 07W

County: BOLIVAR **Quad:** GUNNISON

Permitted Acreage: Irrigation: 170 **Fish Culture:** 0 **Wildlife Management:** 0

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

Applicant Name: HOOD, WILL
Applicant Address: 413 NORMAN CIRCLE
CLEVELAND, MS 38732

Date Permit Issued: 07/15/2019

Date Permit Expires: 07/15/2024


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.


Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality