

sent to OLWR
11/4/17

151

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 #: D235
Aquifer: _____
E-Log #: _____

County: BOLIVAR
Permit #: G-W-50187 ✓
Driller: Chad Mattox
Date drilling completed: 10/31/17

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>Rives Neblett</u>	Latitude: <u>33 52 52</u> Longitude: <u>90 48 09</u>
Mailing Address: <u>Po Box 26</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Shelby</u> <u>MS</u> <u>38774</u>	<u>NE 1/4</u> <u>NE 1/4</u> , Sec <u>03</u> T <u>24N</u> R <u>06W</u>
City State Zip Code	<u>3</u> Miles <u>NW</u> of <u>Shelby</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/31/17 Date drilling completed: 10/31/17 Hole depth: 135 Hole diameter: 24"

Location of the source of any surface water used for drilling: NEARBY DITCH

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

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

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 42 feet [above or below] land surface Date measured: 10/31/17
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 135' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 95 feet to 90 135 feet

Type of completion (circle all applicable): 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

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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 #: D 235
 Aquifer: _____

County: BOLIVAR
 Permit #: GW-50187 ✓
 Driller: CHAD MATTOX
 Date completed: 10-31-17
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.

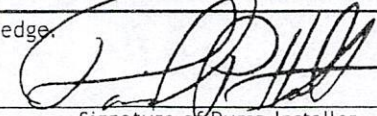
Well Owner Information	Well Location
Owner Name: <u>RIVES NEBLETT</u>	Latitude: <u>33° 58' 52"</u> Longitude: <u>90° 48' 09"</u>
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SHELBY</u> City <u>MS</u> State <u>38774</u> Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>03</u> T <u>24N</u> R <u>06W</u>
Telephone No. <u>(602) 398-5121</u>	<u>2.7</u> Miles <u>NW</u> of <u>SHELBY</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible <input checked="" type="radio"/> Turbine	Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>11-3-17</u>	Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New	<input type="radio"/> Repaired <input type="radio"/> Replacement
Power Type (circle one)	
Electric <input checked="" type="radio"/> Diesel	Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>42</u> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>DAVID P. HOLT</u> <u>0-752P</u>	<u>11-6-17</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

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11-07-17

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

D235
17-0764
Allendale

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-50187

Landowner Name: NEBLETT ET AL

Landowner Address: PO BOX 26
SHELBY

MS 38774

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NE 1/4 **Section:** 03 **Township:** 24N **Range:** 06W

County: BOLIVAR

Quad: SHELBY

Maximum Volume: 360 Acre-Feet/Year *equivalent to* .3213 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: ALLENDALE PLANTING COMPANY

Applicant Address: PO BOX 26
SHELBY

MS 38774

Date Permit Issued: 10/25/2017

Date Permit Expires: 10/25/2022

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: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:

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