

# STATE WELL REPORT

Part 1 145

## 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 #: F 294  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: 50752  
Driller: Hallen Williams  
Date drilling completed: Sept 1

**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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>S. Allen Farm MS.</u>	Latitude: <u>33 52 04.75</u> Longitude: <u>-90 53 52.84</u>
Mailing Address: <u>PO Box 547</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Rosedale MS 38769</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rosedale MS 38769</u>	<u>SW</u> <u>N12 1/2 SE 1/4</u> , Sec <u>02</u> T <u>23</u> R <u>09W</u>
City _____ State _____ Zip code _____	<u>8</u> Miles <u>N.W.</u> of <u>Page 723</u>
Telephone No. ( ) - _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>Sept 1</u> Date drilling completed: <u>Sept 2</u> Hole depth: <u>117</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Next by Well</u>
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 (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>irrigation</u>
<b>If drilling is not related to water well construction, skip the remainder of this block</b>

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
<input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>42</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface (check one) Date measured: <u>Sept 3 2019</u>
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>117</u> Well grouted to a depth of: <u>20'</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>52=1010</u> inches Setting depth: From <u>27-117</u> feet to <u>117</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
<input type="checkbox"/> Other (describe): _____
Top of lap pipe or reduction in casing: _____ Feet
<i>If telescoped or more than one screen, describe on next page</i>

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Form: OLWR-SWR-1A (4/13)

County: DeKalb  
 Permit #: 52952

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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)
clay	Ground level	16'
fine sand	16'	40'
course sand	40'	60'
coarse gravel	60'	117'

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

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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. Form: OLWR-SWR-1A (04/08)

Sidney 289 Cook 289 11-19-19 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

County: Bolivar  
 Permit #: MWS752  
 Driller: Mallon William  
 Date drilling completed: Sept  
 Copy information from block on Part 1

**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)

Well #: F 294  
 Aquifer: \_\_\_\_\_

*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>Sillera Farm Part 2</u>	Latitude: <u>33 52 04.75</u> Longitude: <u>-90 53 52.84</u>
Mailing Address: <u>Po Box 547</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Bozadale MS, MS 38769</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW NE 1/4 SE 1/4 Sec 02 T23N R04W</u>
Telephone No. ( ) -	Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed Sept 4, 2019 Rated Pump Capacity: 2000 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

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

Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 42 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 (check 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 (check 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.*

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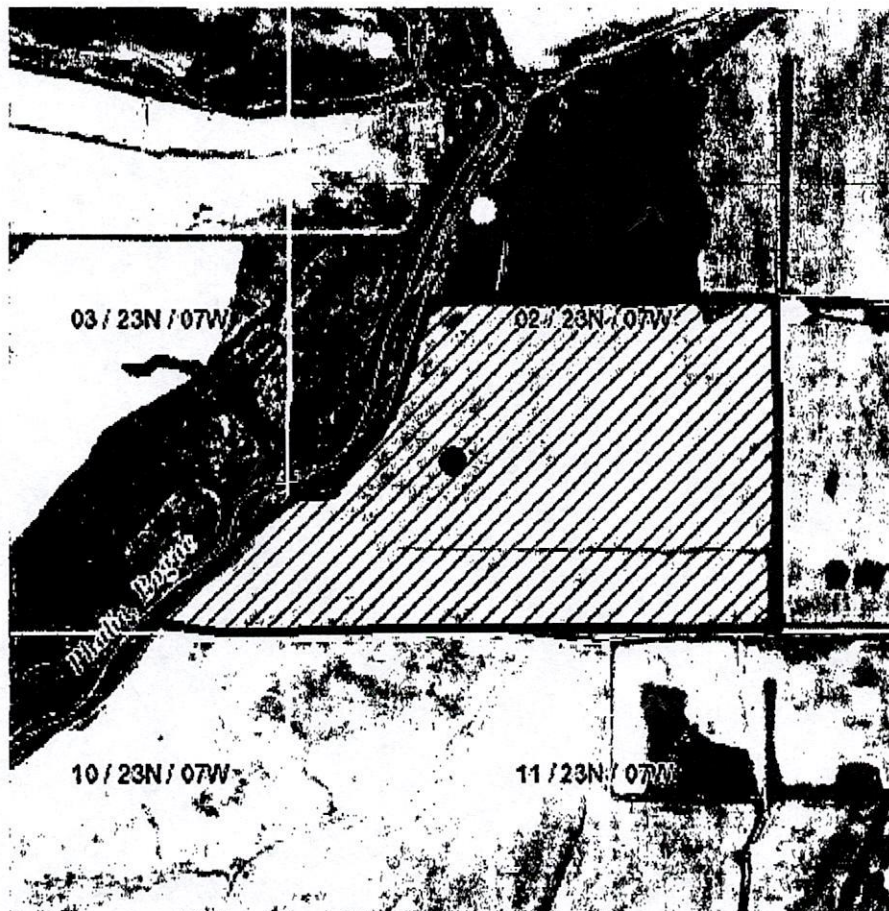
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Mallon William Sept 4 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Cook Drilling \_\_\_\_\_  
 Form: OLWR-SWR-1B (4/13)

Permit Number: MS-GW-50752

Local Well Name: SILLER



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**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 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-50752 **Total Permitted Acreage:** 220

**Landowner Name:** SILLERS FARM PARTNERSHIP  
**Landowner Address:** PO BOX 547  
ROSEDALE, MS 38769

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** SW 1/4 of the SW 1/4 **Section:** 02 **Township:** 23N **Range:** 07W

**County:** BOLIVAR **Quad:** BEULAH

**Permitted Acreage:** Irrigation: 220 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** TABBS FARMS PARTNERSHIP  
**Applicant Address:** 119 ANNSLEY COVE  
CLEVELAND, MS 38732

**Date Permit Issued:** 06/05/2019

**Date Permit Expires:** 06/05/2024

**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:**

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): GW-36209

**SPECIAL TERMS AND CONDITIONS 2:**

See Attachment I which is hereby declared part of this permit.

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*Day C. Fisher*