

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 #: 0171
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: GW-49157 ✓
Driller: J. Newcome O.TTB
Date drilling completed: 6/4/16

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>Barry, EM Estate</u>	Latitude: <u>33 38 44</u> Longitude: <u>90 57 41</u>
Mailing Address: <u>P.O. Box 128</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sugar Grove</u> <u>NC</u> <u>28679</u> <small>City State Zip Code</small>	<u>NW 1/4 NE 1/4, Sec 30 T 21N R 09W</u> <u>2.5</u> Miles <u>East</u> of <u>Benoit</u> <small>(Distance) (Direction) (Nearest Town)</small>
Telephone No. () _____	

Well / Borehole Data
Date drilling started: <u>6/4</u> Date drilling completed: <u>6/4</u> Hole depth: <u>112</u> Hole diameter: <u>20</u>
Location of the source of any surface water used for drilling: <u>Ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets</u>
Logs run (circle 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="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) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): 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: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>
Screen length: <u>50</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>110</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input 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

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 #: 0171

Aquifer: _____

County: Bolivar
 Permit #: GW-49157
 Driller: J. Newcome 0-773
 Date completed: 6/4/16
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>Barry, EM Estate</u>	Latitude: <u>33 38 44</u> Longitude: <u>90 57 41</u>
Mailing Address: <u>P.O. Box 123</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sugar Grove</u> <u>NC</u> <u>29679</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4, Sec 30 T 21N R 07W</u>
Telephone No. (____) _____	<u>2.5</u> Miles <u>East</u> of <u>Benoit</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6/29/16 Rated Pump Capacity: 1200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 30 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): _____ hour

Static Water Level (A): _____ 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. Not Tested

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: Geysler Meter Serial Number: 1061050

Meter Model Number/Name: _____ Type of Meter: propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: 6/29/16 Meter installed by: Chicot Irrigation

Is This Meter (circle one): New Repaired Replacement

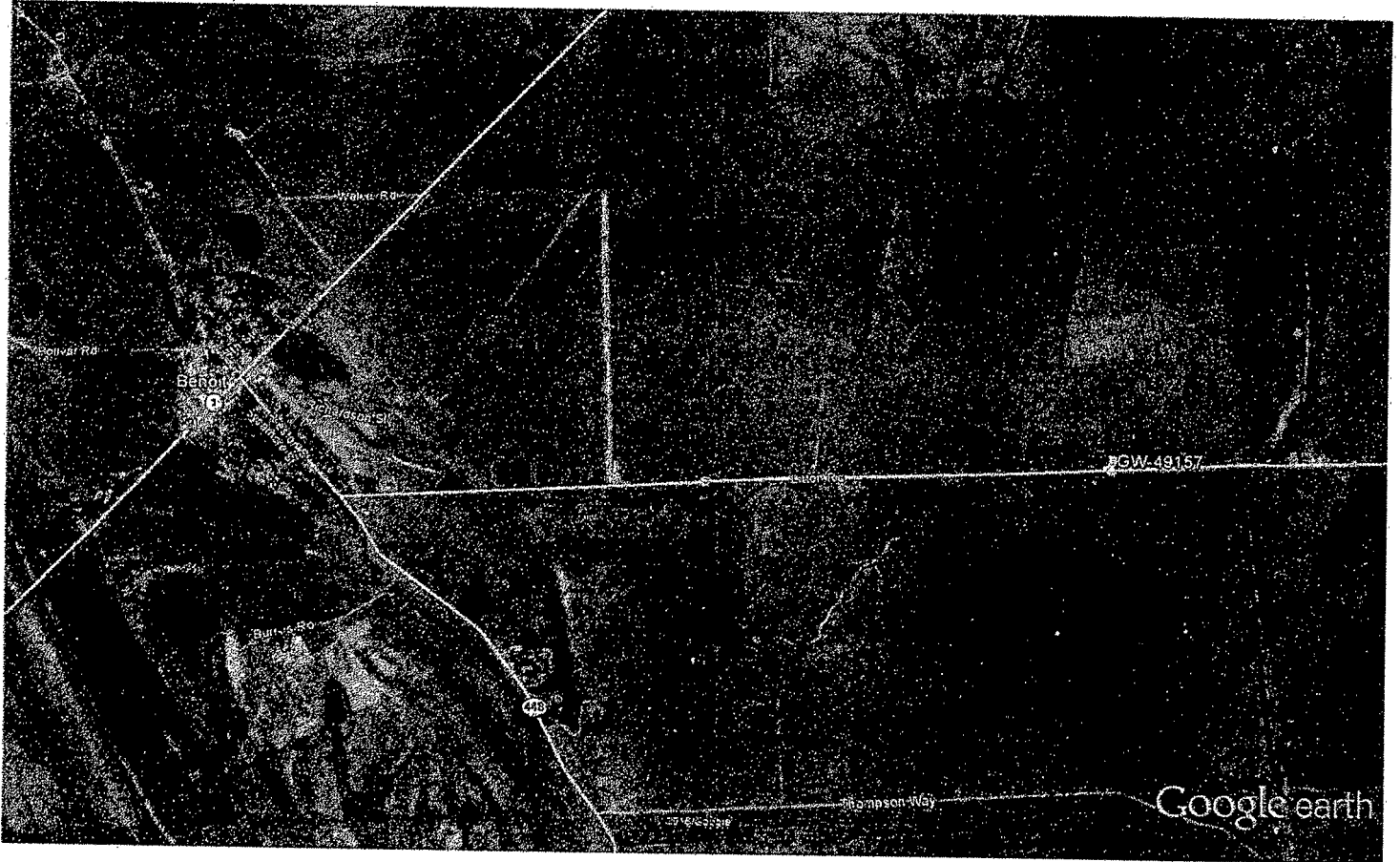
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Hubbard Stephens 741-P 8/4/16 Hubbard Stephens

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

0171



Google earth



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MAR 16 2017

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

0171

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-49157

Landowner Name: BARRY, E M, ESTATE

Landowner Address: PO BOX 128

SUGAR GROVE NC 28679

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MAR 16 2017

LWR

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 30 Township: 21N Range: 07W

County: BOLIVAR

Quad: LOBDELL

Maximum Volume: 210 Acre-Foot/Year equivalent to .1874 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: WINN, EUSTACE

Applicant Address: PO BOX 62

BENOIT MS 38725

Date Permit Issued: 10/28/2015

Date Permit Expires: 10/28/2020

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:



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