

# 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 #: G 91  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Carroll  
Permit #: MS-LW-49782  
Driller: Chad McMor  
Date drilling completed: 3/1/17

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>E.G. Perkins, Jr.</u>	Latitude: <u>33° 27' 30.78" N</u> Longitude: <u>90° 10' 45.44" W</u>
Mailing Address: <u>803 Bell Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenwood</u> MS <u>38930</u>	<u>NE 1/4</u> <u>NW 1/4</u> , Sec <u>05</u> T <u>18N</u> R <u>02E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 299-9559</u>	

Well / Borehole Data
Date drilling started: <u>3/1/17</u> Date drilling completed: <u>3/1/17</u> Hole depth: <u>118</u> Hole diameter: <u>26"</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 (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 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 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 Industrial 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>16</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3/2/17</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape <input checked="" type="checkbox"/> Air line Other (describe): _____
Well depth: <u>118</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>78</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>.032</u> inches Setting depth: From <u>118</u> feet to <u>78</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*

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

BY OLWR

County: Carroll  
 Permit #: MSGW-49782

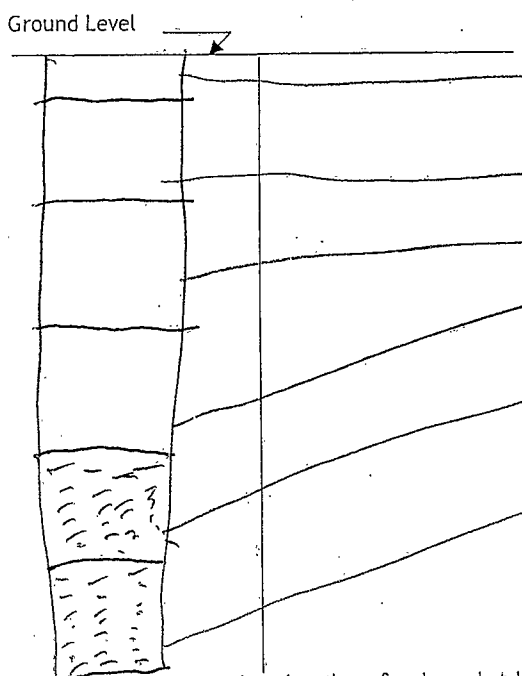
M/E 16"

For Office Use Only:  
 Well #: 691

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	15
Clay	16	25
Clay/Sand	26	35
Sand	36	45
Sand	46	55
Heavy Sand	56	65
Heavy Sand	66	75
Sand/Ground	76	85
Sand/Ground	86	95
Sand/Ground	96	105
Sand/Ground	106	110
Clay	111	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 McFoy UNR 8243  
 Print Name of Responsible Licensee and License No.

3/28/07  
 Date

[Signature]  
 Signature of Licensee

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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 #:   991  

Aquifer: \_\_\_\_\_

County:   Covington    
 Permit #:   MS-GW-49782    
 Driller:   Chad Mattox    
 Date completed:   3/2/17    
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>  EG Perkins, Jr  </u>	Latitude: <u>  33° 27' 30.18" N  </u> Longitude: <u>  90° 6' 43.44" W  </u>
Mailing Address: <u>  803 Bell Ave  </u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>  Greenwood  </u> <u>  MS  </u> <u>  38930  </u>	<u>  NE 1/4 NW 1/4, Sec 05 T 18N R 02E  </u>
City State Zip Code	Miles _____ of _____
Telephone No. <u>  (601) 299-9559  </u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed:   3/2/17   Rated Pump Capacity:   2500   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:   600   Setting Depth:   70   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):   15   Feet Below Land Surface Pumping Water Level (B):   23   Feet Below Land Surface

Drawdown [(B) - (A)]:   8   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): 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.

  Chad Mattox     UNR-8243     3/10/17     [Signature]  

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

Form: OLWR-SWR-2A(4/13)  
 APR 05 2017

BY OLWR

STATE OF MISSISSIPPI

691

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, 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-49782

Landowner Name: PERKINS JR, E G

Landowner Address: 803 BELL AVENUE

GREENWOOD MS 38930

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

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

Section: 05 Township: 18N Range: 02E

County: CARROLL

Quad: GRAVEL HILL

Maximum Volume: 75 Acre-Feet/Year equivalent to .0669 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: M AND E FARMS

Applicant Address: PO BOX 201

MORGAN CITY MS 38946

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Date Permit Issued: 12/30/2016

Date Permit Expires: 12/30/2021

Date Permit Modified:

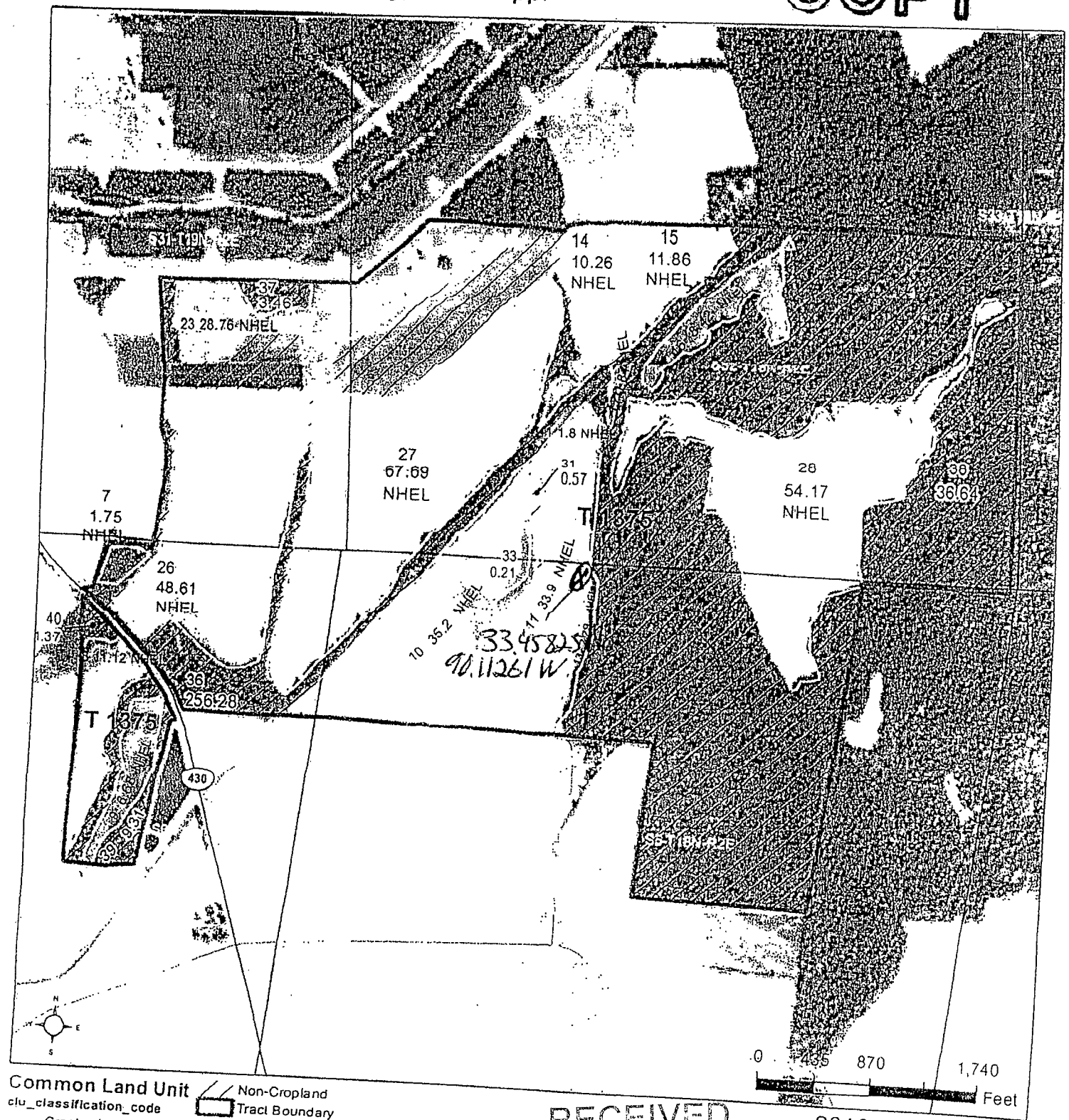
Date Permit Re-issued:

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



**Common Land Unit**  
 clu\_classification\_code  
 Cropland Non-Cropland   
 Tract Boundary

- Wetland Determination**
- Restricted Use
  - Limited Restrictions
  - Exempt from Conservation
  - Compliance Provisions

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS)

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2016 Program Year  
 Map Created March 22, 2016

Tract Cropland Total: 323.32 acres

Farm 299  
 Tract 1375

Photography Year: 2014