

# 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 #: 692  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Carroll  
Permit #: MS GW 49783  
Driller: Chad McPhee  
Date drilling completed: 3/2/17

*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' 20.34" N</u> Longitude: <u>90° 7' 14.8" 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 NE 1/4, Sec 06 T 18N R 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: 3/2/17 Date drilling completed: 3/2/17 Hole depth: 116 Hole diameter: 10

Location of the source of any surface water used for drilling: Ditch 50' West

Method of dosing and volume of Chlorine used in drilling and development: Bleach 10 Gal

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: 16 feet [above or  below] and surface Date measured: 3/3/17  
(circle one)

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

Well depth: 116 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 76 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 116 76 feet to 76 116 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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Form: OLWR-SWR-1A(4/13)

BY OLWR



# 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)

County: Carroll  
 Permit #: MS GW-49783  
 Driller: Chad Mattox  
 Date completed: 3/28/17  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: G92  
 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>E.G. Perkins</u>	Latitude: <u>33° 27' 20.9" N</u> Longitude: <u>90° 7' 16.8" W</u>
Mailing Address: <u>203 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> City State Zip Code	<u>NE 1/4 NE 1/4, Sec 06 T 18 R 02E</u>
Telephone No. ( <u>662</u> ) <u>299-9559</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 3/28/17 Rated Pump Capacity: 1300 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: 20 Setting Depth: 70 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): \_\_\_\_\_ 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):  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 ENR-8243 3/28/17 Chad Mattox  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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

G92

**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-49783

**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 NE 1/4      **Section:** 06    **Township:** 18N    **Range:** 02E

**County:** CARROLL

**Quad:** GRAVEL HILL

**Maximum Volume:** 38 Acre-Feet/Year    *equivalent to* .0339 Million Gallons/Day

**Maximum Rate:** 1850 Gallons/Minute

**Applicant Name:** M AND E FARMS  
**Applicant Address:** PO BOX 201  
MORGAN CITY MS 38946

**Date Permit Issued:** 12/30/2016

**Date Permit Expires:** 12/30/2021

**Date Permit Modified:**

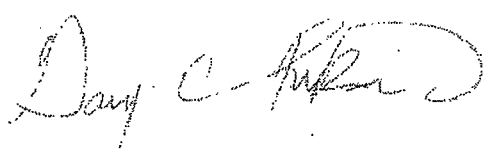
**Date Permit Re-issued:**

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:**

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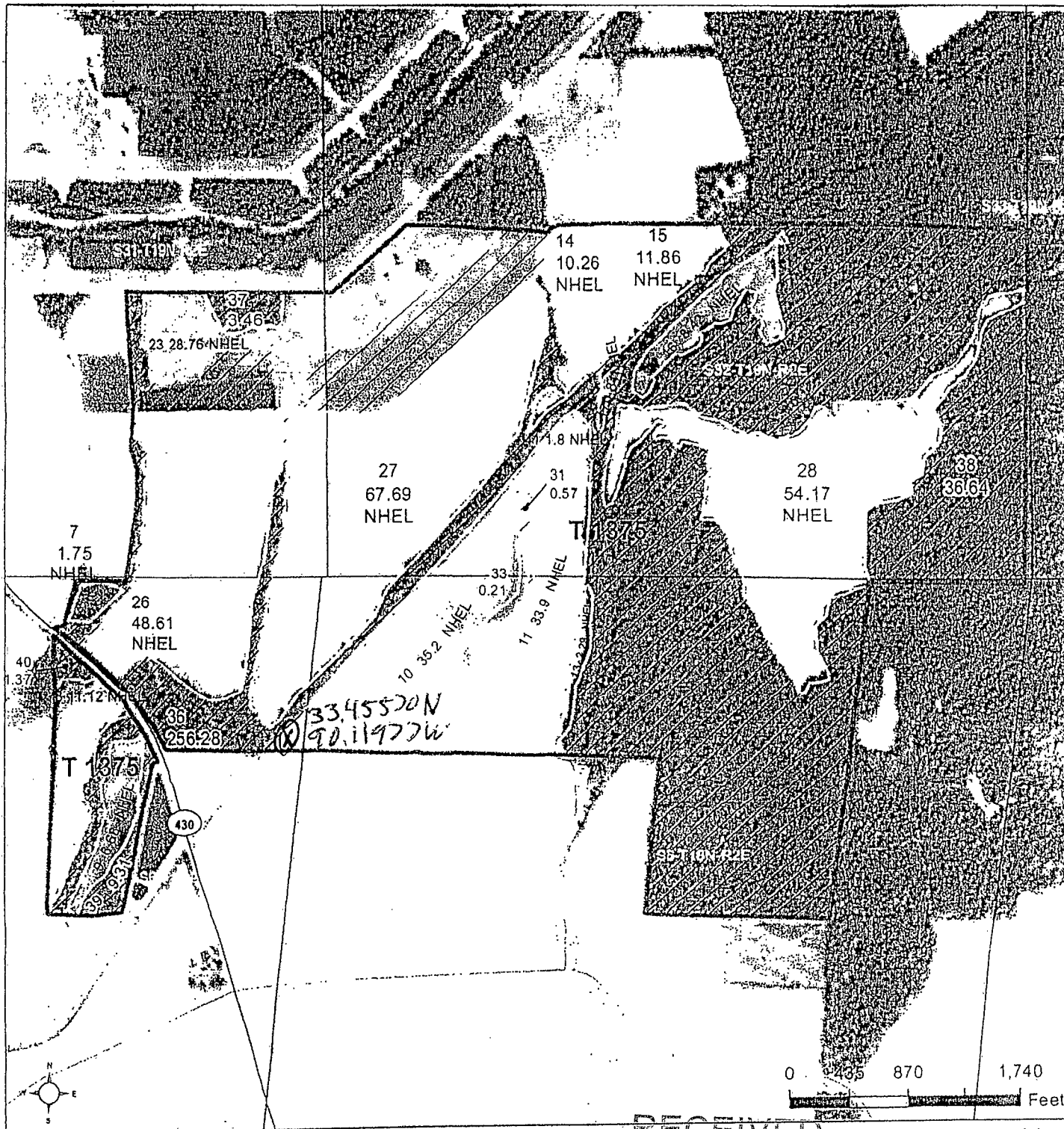
Gary C. Rikard, Executive Director  
Mississippi Department of Environmental Quality



United States Department of Agriculture

Leflore County, Mississippi

COPY



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

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

RECEIVED 2016 Program Year  
Map Created March 22, 2016

APR 05 2017

Farm 299  
Tract 1375

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Tract Cropland Total: 323.32 acres

Photography Year: 2014

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