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125

BY OLWR

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)

County: Carroll
 Permit #: GW51239
 Driller: CHAD MATTOX
 Date drilling completed: 8/1/20

For Office Use Only:
 Well #: G 95
 Aquifer: _____
 E-Log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>George Galey & Son</u>			Latitude: <u>33 26 42N</u>	Longitude: <u>90 7 44W</u>
Mailing Address: <u>1135 CR 302</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/>	
			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>	
<u>Greenwood</u>	<u>MS</u>	<u>38917</u>	NW <u>1/4</u> NE <u>1/4</u> , Sec. <u>07</u> T <u>18N</u> R <u>02E</u>	
City	State	Zip Code	9 Miles S of Greenwood	
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 8/1/20 Date drilling completed: 8/1/20 Hole depth: 106 Hole diameter: 24

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 (check 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 (check 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: 4 feet above/ below land surface Date measured: 7/29/20
 (select one)

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

Well depth: 106 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 106 feet to 66 feet

Type of completion (check 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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County: Carroll
Permit #: GW51239

For Office Use Only:
Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level

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)
	Ground level	10
Clay/Sand	10	20
Sand	20	30
Sand/Pea Gravel	30	40
Gravel	40	50
Gravel	50	60
Gravel	60	70
Gravel	70	80
Gravel	80	90
Gravel	90	100
Gravel/Clay	100	106

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 MATTOX UNR 8243 8/13/20
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Received
AUG 13 2020
By: [Signature]

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 #: GW51239
Driller: CHAD MATTOX
Date completed: 8/1/2020
Copy information from block on Part 1

For Office Use Only:
Well #: 695
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>George Galey & Son</u>			Latitude: <u>33 26 42N</u>	Longitude: <u>90 7 44W</u>
Mailing Address: <u>1135 CR 302</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,	
Greenwood MS 38917			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>	
City	State	Zip Code	NW <input type="radio"/> NE <input type="radio"/> Sec <u>07</u> T <u>18N</u> R <u>02E</u>	
Telephone No. (____) _____			<u>9</u> Miles <u>S</u> of <u>Greenwood</u>	
			(Distance)	(Direction) (Nearest Town)

Pump Type (select one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7/29/20 Rated Pump Capacity: 1600 Gallons Per Minute
 Is This Pump (select one): New Repaired Replacement

Power Type (select one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 40 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): 4 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 (select 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 H. Mattox UNR-8243 8/13/20 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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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-51239

Total Permitted Acreage: 93

Landowner Name: GEORGE GALEY & SON FARM

Landowner Address: 1135 COUNTY ROAD 302

JERRY GALEY

GREENWOOD, MS 38930

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 **Section:** 07 **Township:** 18N **Range:** 02E

County: CARROLL

Quad: SIDON

Permitted Acreage: Irrigation: 90

Fish Culture: 0

Wildlife Management: 0

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

Applicant Name: GEORGE GALEY & SON FARM

Applicant Address: 1135 COUNTY ROAD 302

JERRY GALEY

GREENWOOD, MS 38930

Date Permit Issued: 07/28/2020

Date Permit Expires: 07/28/2025

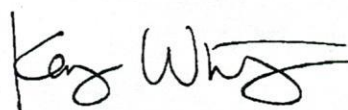
Date Permit Modified:

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:

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





Google Earth

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