

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: L53  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Carroll  
Permit #: MS-GW-50244  
Driller: Chad Mattox  
Date drilling completed: 2/12/18

*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>M Patrick Martin</u>	Latitude: <u>33 20 38</u> Longitude: <u>90 9 21</u>
Mailing Address: <u>613 Emerson Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood</u> <u>MS</u> <u>38930</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> <sup>NW</sup> <u>SW</u> <sup>NW</sup> , Sec <u>12</u> <sup>13</sup> T <u>17N</u> R <u>01E</u>
Telephone No. <u>(662) 299-8491</u>	<u>5</u> Miles <u>SE</u> of <u>Sidon</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2/12/18</u> Date drilling completed: <u>2/12/18</u> Hole depth: <u>115</u> Hole diameter: <u>20</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 (check all applicable): <input checked="" type="checkbox"/> 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 (check one): 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 (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
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>11</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>2/14/18</u> <small>(check one)</small>
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>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>75</u> feet to <u>115</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
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

Patrice martin

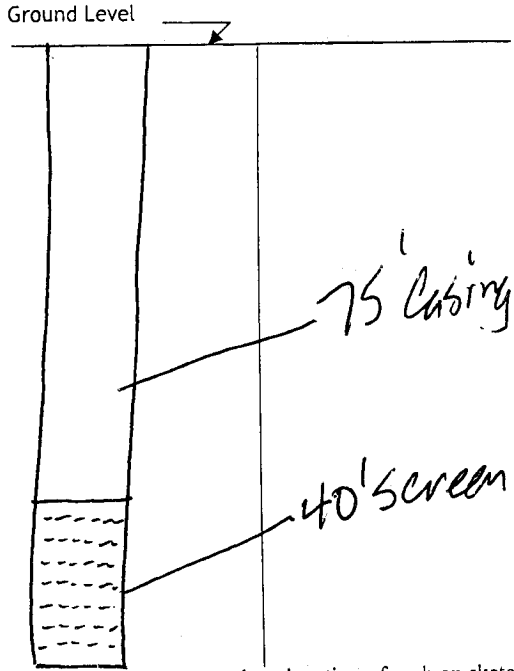
County: \_\_\_\_\_  
Permit #: \_\_\_\_\_

H 2

For Office Use Only:  
Well #: L53

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)
Sand / clay	Ground level	15
Clay mud	16	25
med Sand pea rock	26	35
Pea Rock Black clay	36	45
clay	46	55
clay sand	56	65
sand	66	75
sand	76	85
sand	86	95
sand pea rock	96	105
Pea Rock sand clay	106	115

- 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 H. Mattox LMR-8243  
Print Name of Responsible Licensee and License No.

12/1/18  
Date

Chad H. Mattox  
Signature of Licensee

# 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 #: LS-3

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

County: Carroll  
 Permit #: MS-GW-50244  
 Driller: Chad Mattox  
 Date completed: 12/1/18  
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>M. Patrick Martin</u>	Latitude: <u>33-20-38</u> Longitude: <u>90-09-21</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>613 Emerson Ave</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Greenwood</u> <u>MS</u> <u>38930</u>	<u>NW 1/4 NW 1/4, Sec 13 T 17N R 1E</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. <u>(662) 299-8491</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 2/14/18 Rated Pump Capacity: 900 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: 15 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): 11 Feet Below Land Surface Pumping Water Level (B): 18 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 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.*

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

Chad H. Mattox UMR-8243 12/1/18 Chad H. Mattox  
 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**

L53

**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-50244

**Landowner Name:** MARTIN, MICHAEL PATRICK

**Landowner Address:** 613 EMERSON AVENUE  
GREENWOOD MS 38930

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

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** SW 1/4 of the SW 1/4

**Section:** 12 **Township:** 17N **Range:** 01E

**County:** CARROLL

**Quad:** CRUGER

**Maximum Volume:** 31 Acre-Foot/Year equivalent to .0277 Million Gallons/Day

**Maximum Rate:** 1000 Gallons/Minute

**Applicant Name:** MARTIN, MICHAEL PATRICK

**Applicant Address:** 613 EMERSON AVENUE  
GREENWOOD MS 38930

**Date Permit Issued:** 11/29/2017

**Date Permit Expires:** 11/29/2022

**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:**

RECEIVED  
11/29/17  
BY [Signature]

33 20 38N  
90 9 20.9W  
Sub

[Signature]

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