

County: Coahoma  
 Permit #: GW-45604 ✓  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 12-13-11

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: B74  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Johnny Larson</u>          Mailing Address: <u>206 Delta Ave.</u>  <u>Clarksdale Ms. 38614</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>34.22 264</u> Longitude: <u>90.36 413</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad: <u>Hand-held GPS</u> Survey-grade GPS  <u>SW</u> ¼ <u>NE</u> ¼ Sec. <u>21</u> ✓ Twn <u>29N</u> Rng <u>4W</u>          Distance Direction Nearest Town  <u>9</u> Miles <u>SW</u> of <u>Lula</u></p>
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**Well / Borehole Data**

Date drilling started: 12-13-11 Date drilling completed: 12-13-11 Hole depth: 117 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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 one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: .050 inches Setting depth: From 88 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

Form: OLWR-SWR-1A (04/08)

Circle S Irrigation will install pump

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BV: [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  
(601) 961-5210  
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: B 74  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Catahoula  
Permit #: BW-45604  
Driller: IRRIGATION Equipment  
Date drilling completed: 12-13-11  
*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>Johnny Larson</u>	Latitude: <u>34° 22' 26.43"</u> Longitude: <u>90° 36' 41.23"</u>
Mailing Address: <u>206 DELTA AVE</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>CLARESBURG, MS 38614</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW 1/4 NE 1/4 Sec 21 T 29 N R 4W</u>
Telephone No. <u>(662) 383-2751</u>	Distance Direction Nearest Town
	<u>1.3 Miles <del>ONE</del> of FREARS POINT</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>110</u>
Date Pump Installed: <u>6-19-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity <u>1700</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

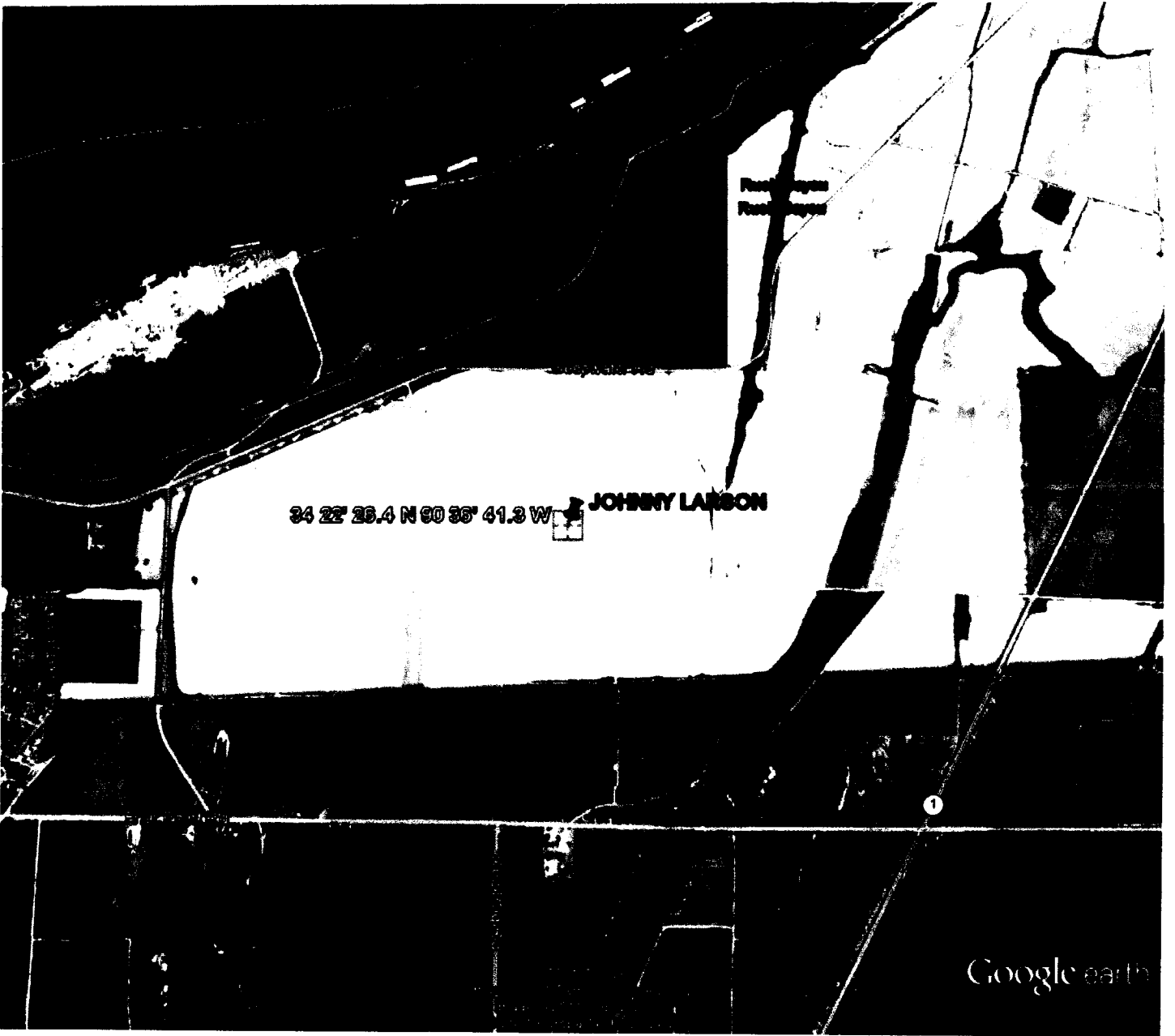
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 18 2012

BY: OLWR



34 22' 28.4 N 90 35' 41.3 W JOHNNY LARSON

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Google earth

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BY: OLMB

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**STATE OF MISSISSIPPI**  
**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-45604

**Landowner Name:** LARSON, JOHNNY

**Landowner Address:** 206 DELTA AVENUE  
 CLARKSDALE MS 38614

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

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** SW 1/4 of the NE 1/4      **Section:** 21    **Township:** 29N    **Range:** 04W

**County:** COAHOMA

**Quad:** COAHOMA

**Maximum Volume:** 360 Acre-Foot/Year    *equivalent to* .3213 Million Gallons/Day

**Maximum Rate:** 1700 Gallons/Minute

**Applicant Name:** HOLT, DAVID

**Applicant Address:** 450 RAIN STREET  
 CLARKSDALE MS 38614

**Date Permit Issued:** 11/30/2011

**Date Permit Expires:** 11/30/2016

**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:**

*James L. Crawford*  
 James L. Crawford  
 Office Director

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