

# 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 #: C165  
Aquifer: MRVA  
E-Log #: \_\_\_\_\_

County: COAHOMA  
Permit #: GW-50666  
Driller: CHAD MATTOX  
Date drilling completed: 4/24/19

*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>RODGERS PLANTING COMPANY</u>	Latitude: <u>34 20 59</u> Longitude: <u>90 29 20</u>
Mailing Address: <u>10 CYPRESS RIDGE ROAD</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>CLARKSDALE</u> MS <u>38614</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>27</u> T <u>29N</u> R <u>03W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. ( <u>662</u> ) <u>645-3542</u>	

Well / Borehole Data
Date drilling started: <u>4/24/19</u> Date drilling completed: <u>4/24/19</u> Hole depth: <u>120</u> Hole diameter: <u>24"</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"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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>26</u> feet <input type="radio"/> above/ <input checked="" type="radio"/> below land surface Date measured: <u>4/24/19</u> (select one)
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" 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>

RECEIVED  
08-01-2019  
BY OLWR

County: COAHOMA  
 Permit #: GW-50666



For Office Use Only:  
 Well #: C165

**The sketch below only required for water wells**

***If well telescopes, show depths on sketch.***

Ground Level

CASING	20
CASING	40
CASING	60
CASING	80
SCREEN	100
SCREEN	120

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

Description of Formations Encountered	From (depth) Ground level	To (depth) 10
FINE SAND	10	20
CLAY	20	30
FINE SAND	30	40
COURSE SAND	40	50
COURSE SAND	50	60
MED SAND	60	70
MED SAND	70	80
MED SAND, PEA GRAVEL AND GRAVEL	80	90
MED SAND, PEA GRAVEL AND GRAVE	90	100
MED SAND, PEA GRAVEL AND GRAVE	100	110
MED SAND, PEA GRAVEL AND GRAVE	110	120

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  
 Print Name of Responsible Licensee and License No.

7/31/19  
 Date

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 #: C165  
 Aquifer: MRVA

County: COAHOMA  
 Permit #: GW-50666  
 Driller: CHAD MATTOX  
 Date completed: 4/25/19  
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>RODGERS PLANTING COMPANY</u>	Latitude: <u>34 20 59</u> Longitude: <u>90 29 20</u>
Mailing Address: <u>10 CYPRESS RIDGE ROAD</u>	Method of Lat/Long (select 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>CLARKSDALE</u> <u>MS</u> <u>38614</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City    State    Zip Code	_____ Miles _____ of _____
Telephone No. ( <u>662</u> ) <u>645-3542</u>	(Distance)                      (Direction)                      (Nearest Town)

**Pump Type (select one)**

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

Date Pump Installed: 4/25/19                      Rated Pump Capacity: 850 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: 15                      Setting Depth: 60 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): 26 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.*

**RECEIVED**  
**08-01-2019**  
**BY OLWR**

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

David P. Holt                      0-752P                      4/27/19

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

East

18-0859

**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-50666 **Total Permitted Acreage:** 35

**Landowner Name:** RODGERS PLANTING COMPANY  
**Landowner Address:** 10 CYPRESS RIDGE ROAD  
CLARKSDALE, MS 38614

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** SE 1/4 of the SE 1/4 **Section:** 27 **Township:** 29N **Range:** 03W

**County:** COAHOMA **Quad:** JONESTOWN

**Permitted Acreage:** Irrigation: 35 **Fish Culture:** 0 **Wildlife Management:** 0

**Maximum Volume:** See Special Terms and Conditions (Attachment 1)

**Applicant Name:** RODGERS PLANTING COMPANY  
**Applicant Address:** 10 CYPRESS RIDGE ROAD  
CLARKSDALE, MS 38614

**Date Permit Issued:** 01/31/2019

**Date Permit Expires:** 01/31/2024

**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.

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

18-0859