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189

# 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 #: C 166

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

E-Log #: \_\_\_\_\_

County: COAHOMA  
 Permit #: GW-50782  
 Driller: CHAD MATTOX  
 Date drilling completed: 7/1/19

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CHARLES ANTICI</u>	Latitude: <u>34 23 15N</u> Longitude: <u>90 28 35W</u>
Mailing Address: <u>PO BOX 14</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,
<u>LYON</u> <u>MS</u> <u>38645</u>	USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec. <u>14</u> T. <u>29N</u> R. <u>3W</u>
Telephone No. ( <u>662-</u> ) <u>645-8386</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7/1/19 Date drilling completed: 7/1/19 Hole depth: 118 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: 20 feet  above /  below land surface Date measured: 7/1/19  
(select one)

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

Well depth: 118 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 78 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 78 feet to 118 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: COAHOMA  
 Permit #: GW-50782

**For Office Use Only:**

Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level <span style="float: right;">↘</span>	
CASING	20
CASING	40
CASING	60
CASING	78
SCREEN	100
SCREEN	118

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 AND FINE SAND	10	20
MED SAND	20	30
MED SAND	30	40
MED SAND	40	50
MED SAND	50	60
MED SAND AND PEA GRAVEL	60	70
MED SAND AND PEA GRAVEL	70	80
MED SAND AND PEA GRAVEL	80	90
MED SAND AND PEA GRAVEL	90	100
MED SAND AND PEA GRAVEL	100	110
MED SAND AND PEA GRAVEL	110	118

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                      8/8/19                      *Chad Mattox*

Print Name of Responsible Licensee and License No.                      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 #: C 166  
Aquifer: \_\_\_\_\_

County: COAHOMA  
Permit #: GW-50782  
Driller: CHAD MATTOX  
Date completed: 7/5/19  
*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>CHARLES ANTICI</u>			Latitude: <u>34 23 15N</u>	Longitude: <u>90 28 35W</u>
Mailing Address: <u>PO BOX 14</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/>	
<u>LYON</u> <u>MS</u> <u>38645</u>			USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>	
City	State	Zip Code	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>14</u> T <u>29N</u> R <u>3W</u>	
Telephone No. (662-) <u>645-8386</u>			_____ Miles _____ of _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)	
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____	
Date Pump Installed: <u>7/5/19</u>	Rated Pump Capacity: <u>1600</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
Power Type (select one)	
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>20</u> 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): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<b>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.</b>	

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) 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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1600 E/e

**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-50782 Total Permitted Acreage: 45

Landowner Name: ANTICI, CHARLES  
Landowner Address: PO BOX 14  
LYON, MS 38645

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NE 1/4 Section: 14 Township: 29N Range: 03W

County: COAHOMA Quad: LULA

Permitted Acreage: Irrigation: 45 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: ANTICI, CHARLES  
Applicant Address: PO BOX 14  
LYON, MS 38645

Date Permit Issued: 05/16/2019

Date Permit Expires: 05/16/2024

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 1 which is hereby declared part of this permit.

  
Gary C. Rikard Executive Director  
Mississippi Department of Environmental Quality

19-0213