

# 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)

105

County: <u>COAHOMA</u>
Permit #: <u>GW-51051</u>
Driller: <u>TOMMY PEACOCK</u>
Date drilling completed: <u>6/17/20</u>

<b>For Office Use Only:</b>	
Well #: <u>169</u>	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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>CAMBELL MELTON</u></p> <p>Mailing Address: <u>PO BOX 610</u></p> <hr/> <p><u>TUNICA</u>                      <u>MS</u>                      <u>38676</u> City                                      State                                      Zip Code</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34 21 49N</u>      Longitude: <u>-90 25 30W</u></p> <p>Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/>,</p> <p>USGS quad <input type="radio"/>, Hand-held GPS <input type="radio"/>, Survey-grade GPS <input type="radio"/></p> <p><u>NW</u> <math>\frac{1}{4}</math> <u>NE</u> <math>\frac{1}{4}</math>, Sec <u>29</u> T <u>29N</u> R <u>02W</u></p> <p>_____ Miles _____ of _____ (Distance)                      (Direction)                      (Nearest Town)</p>
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<b>Well / Borehole Data</b>	
Date drilling started: <u>6/16/20</u>	Date drilling completed: <u>6/17/20</u>
Hole depth: <u>110</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>13</u> feet <input type="radio"/> above/ <input checked="" type="radio"/> below land surface	Date measured: _____
<i>(select one)</i>	
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>110</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>75</u> feet	Casing diameter: <u>16</u> inches
Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches
Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches      Setting depth: From <u>70</u> feet to <u>110</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>	

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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 169
Aquifer: \_\_\_\_\_

County: COAHOMA
Permit #: GW-51051
Driller: TOMMY PEACOCK
Date completed: 6/17/20
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: Owner Name: CAMBELL MELTON, Mailing Address: PO BOX 610, TUNICA MS 38676, Telephone No.
Well Location: Latitude: 34 21 49N, Longitude: -90 25 30W, Method of Lat/Long: Conventional Survey, USGS quad: NW 1/4 NE 1/4, Sec 29 T 29N R 02W

Pump Type (select one): Submersible, Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other
Date Pump Installed: 6/29/20, Rated Pump Capacity: 2200 Gallons Per Minute
Is This Pump (select one): New, Repaired, Replacement
Power Type (select one): Electric, Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other
Horse Power Rating of Motor: 60, Setting Depth: 70 feet, Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: \_\_\_\_\_, Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours
Static Water Level (A): 13 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

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.

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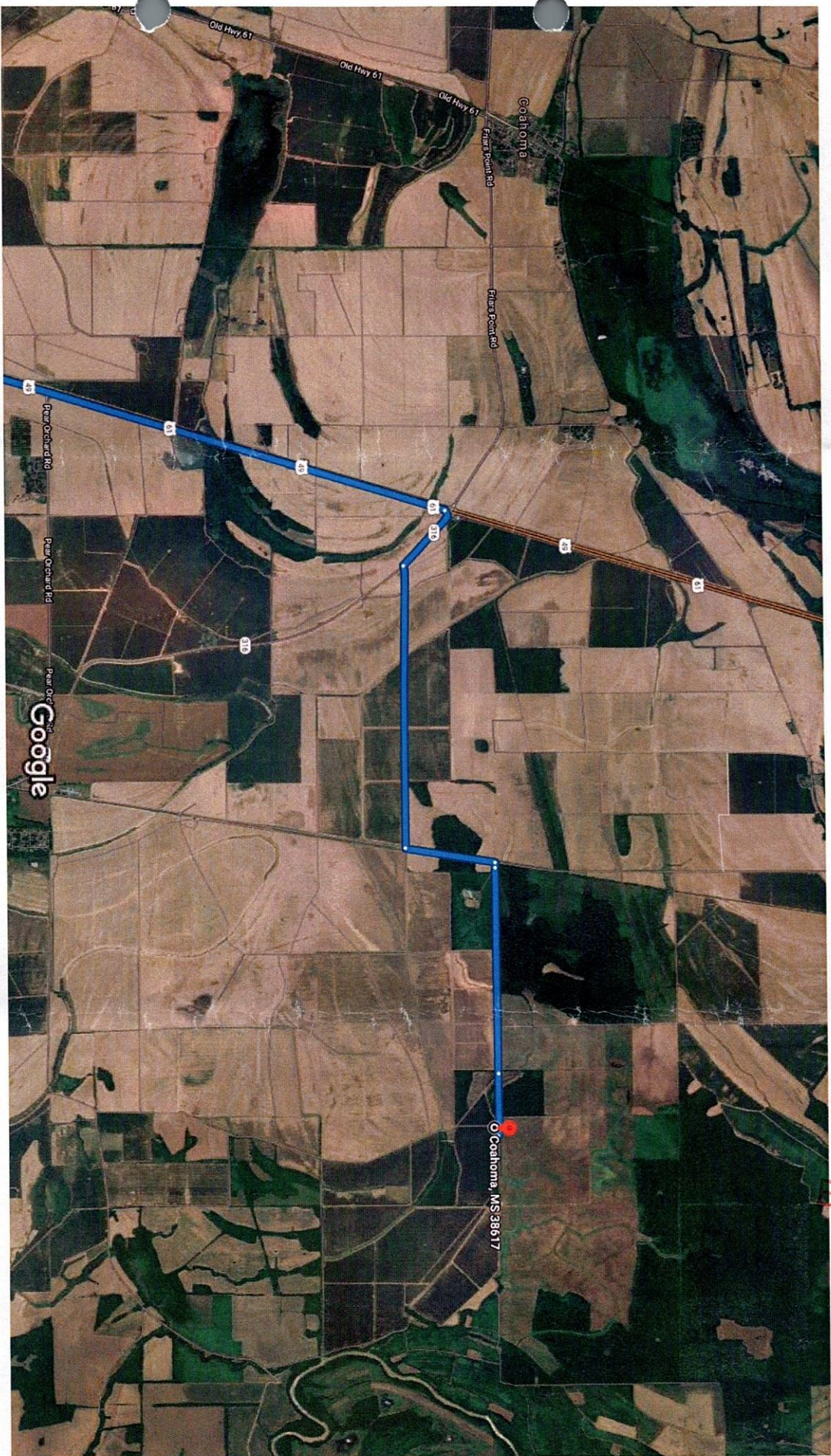
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
David P. Holt 0-752P
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



420 Rain Street, Clarksdale, MS to Coahoma, Mississippi 38617

34 21 49 N 90 25 30 W

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19-0853  
Drive 19.6 miles, 23 min



via US 49 N/US-61 N

Fastest route

23 min

19.6 miles

Imagery ©2020 Landsat / Copernicus, Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020

2000 ft

**STATE OF MISSISSIPPI**

**Department of Environmental Quality**

**Office of Land and Water Resources**

**P.O.Box 2309**

**Jackson, Mississippi 39225**

19-0853

**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-51051

**Total Permitted Acreage:** 93

**Landowner Name:** MELTON, CAMBELL

**Landowner Address:** PO BOX 610  
TUNICA, MS 38676

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NW 1/4 of the NE 1/4    **Section:** 29    **Township:** 29N    **Range:** 02W

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

**Permitted Acreage:**    **Irrigation:** 93    **Fish Culture:** 0    **Wildlife Management:** 0

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

**Applicant Name:** SOUTHPAW FARMS

**Applicant Address:** PO BOX 610  
TUNICA, MS 38676

**Date Permit Issued:** 12/26/2019

**Date Permit Expires:** 12/26/2024

**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.

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*Day C [Signature]*