

STATE WELL REPORT

219

County: Desoto
 Permit #: GW-50052
 Driller: Chris Shabby
 Date drilling completed: 7-15-20

Part I
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 #: E 182
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Dale Cole</u>	Latitude: <u>34.91866</u> Longitude: <u>-90.211869</u>
Mailing Address: <u>Blythe Bayou Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>2100 Green Village Cove</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Hernando, MS 38632</u>	<u>NE 1/4 NW 1/4, Sec 13 T 8S R 10W</u>
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>North</u> of <u>Lake Cormorant, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-15-20 Date drilling completed: 7-15-20 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Old groundwater well at site

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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 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: 29 feet above or below land surface Date measured: 7-18-20
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one) Heat Cement Bentonite Mix

Casing length: 85 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 85 feet to 125 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural completion

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

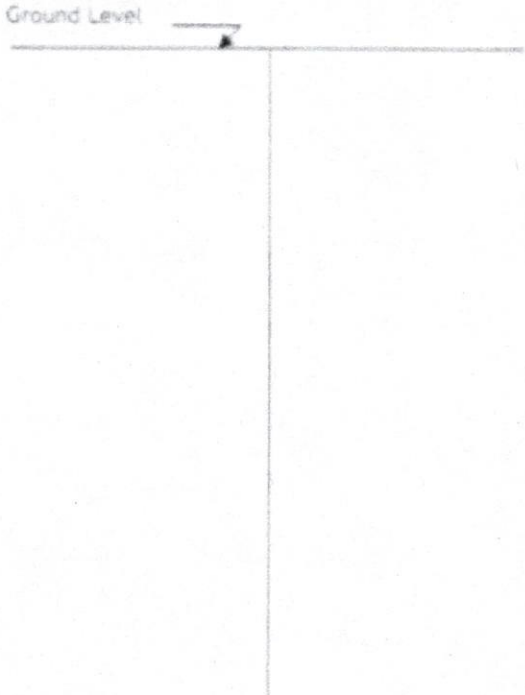
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County: Desha
Permit #: GW-50052

For Office Use Only:
Well #: _____

The sketch below only required for water wells

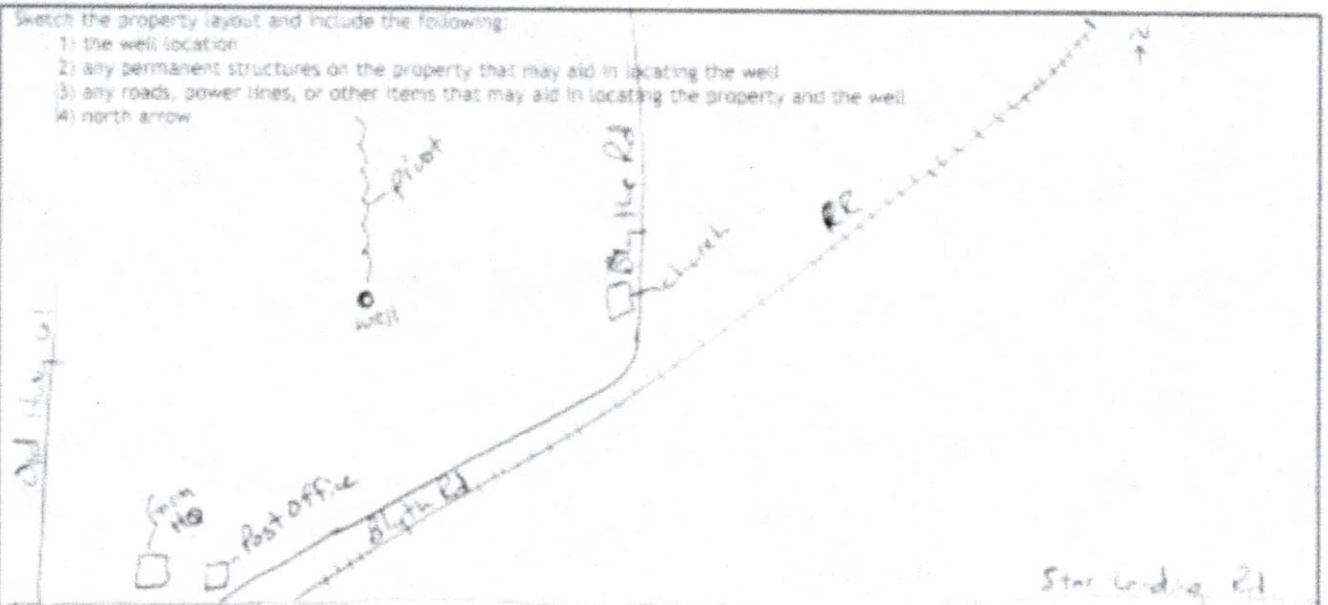
If well telescopes, show depths on sketch.



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)
<u>loamy soil</u>	<u>Ground level</u>	<u>20</u>
<u>clay</u>	<u>21</u>	<u>40</u>
<u>coarse sand & gravel</u>	<u>41</u>	<u>65</u>
<u>fine sand</u>	<u>65</u>	<u>80</u>
<u>coarse sand and gravel</u>	<u>81</u>	<u>125</u>

If more than one screen, show location of each on sketch



Landowner Name: Dale Cole

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, if applicable, and state laws.

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Chris Shackley 2561
Print Name of Responsible Licensee and License No.

9-14-20
Date

Chris Shackley
Signature of Licensee

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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 #: E 182
 Aquifer: _____

County: DeSoto
 Permit #: GW-SD052
 Driller: Chris Shackley
 Date completed: 7-18-20
 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	Well Location
Owner Name: <u>Bob Cole</u>	Latitude: <u>34.918686</u> Longitude: <u>-90.211869</u>
Mailing Address: <u>Big the Bayou Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>2100 Green Village Cove</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Herndon MS 38632</u>	<u>NE 1/4 NW 1/4 Sec 13 T 25 R 12W</u>
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>North</u> of <u>Lake Cormorant MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 7-18-20 Rated Pump Capacity: 2900 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: 300 Setting Depth: 80 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ 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 (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.

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

Chris Shackley 2561 9-14-20 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT
TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

General Permit: MRVA-002
Certificate Number: MS-GW-50052
Total Permitted Acreage: 240

Landowner Name: BLYTHE BAYOU FARMS
Landowner Address: 2100 GREEN VILLAGE COVE
HERNANDO, MS. 38632

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NW 1/4 Section: 13 Township: 02S Range: 10W
County: DESOTO Quadrangle: LAKE CORMORANT

Permitted Acreage: Irrigation: 240 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: COLE, DALE
Applicant Address: 2100 GREEN VILLAGE COVE
HERNANDO, MS 38632

Date Original Permit Issued: 06/27/2019
Date Coverage Expires: 10/30/2022
Date Coverage Modified:
Date Coverage Granted:

SPECIAL TERMS AND CONDITIONS 1
SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT
SPECIAL TERMS AND CONDITIONS 2
[REPLACEMENT WELL FOR MS-GW-11560]

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