

County: **Holmes**
 Permit #: **GW-51418**
 Driller: **Chicot Irrigation, Inc.**
 Date drilling completed: **4-30-21**

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 #: **P 179**
 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 (Landowner if borehole is not for a water well)			Well or Borehole Location	
Owner Name: Roy Brown			Latitude: 33° 05' 14.3"N	Longitude: 90° 15' 40.7"W
Mailing Address: 2702 Mileston Road			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
Tchula	MS	39169	NE ¼ SE ¼, Sec 2 T 14N R 1W	
City	State	Zip code		
Telephone No. () -			Miles East of Thornton	
			(Distance)	(Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: 4-30-21	Date drilling completed: 4-30-21 Hole depth: 127' 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 (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 (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
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	
<input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: 7' feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface	Date measured: 4-30-21
(check one)	
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____	
Well depth: 127'	Well grouted to a depth of: 10 feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 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 127 feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
<input type="checkbox"/> 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 (4/13)

County: **Holmes**
 Permit #: **GW-51418**
 Driller: **Chicot Irrigation, Inc.**
 Date drilling completed: **4-30-21**
Copy information from block on Part 1

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 #: **P 179**
 Aquifer: _____

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: Roy Brown			Latitude: 33° 05' 14.3"N Longitude: 90° 15' 40.7"W		
Mailing Address: 2702 Mileston Road			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
Tchula	MS	39169	NE ¼ SE ¼, Sec 2 T 14N R 1W		
City	State	Zip code			
Telephone No. () -			Miles East of Thornton		
			(Distance)	(Direction)	(Nearest Town)

Pump Type (check one)

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

Date Pump Installed **4-30-21** Rated Pump Capacity: **2100 +/-** 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: **60** Setting Depth: **70** 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): _____ 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): _____

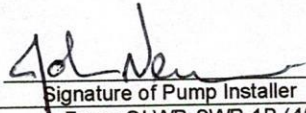
Installation Date: _____ Meter installed by: _____

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.*

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

John Newcome - 0773 **5-11-21**
 Print Name of Pump Installer and License No. (if applicable) Date


 Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)

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 Section 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named 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 transferred, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred, or revoked without prior approval of 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 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-51418
Total Permitted Acreage: 78

Landowner Name: BROWN, ROY
Landowner Address: 2702 MILESTON ROAD
TCHULA, MS 39169

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 02 Township: 14N Range: 01W
County: HOLMES Quad: THORNTON

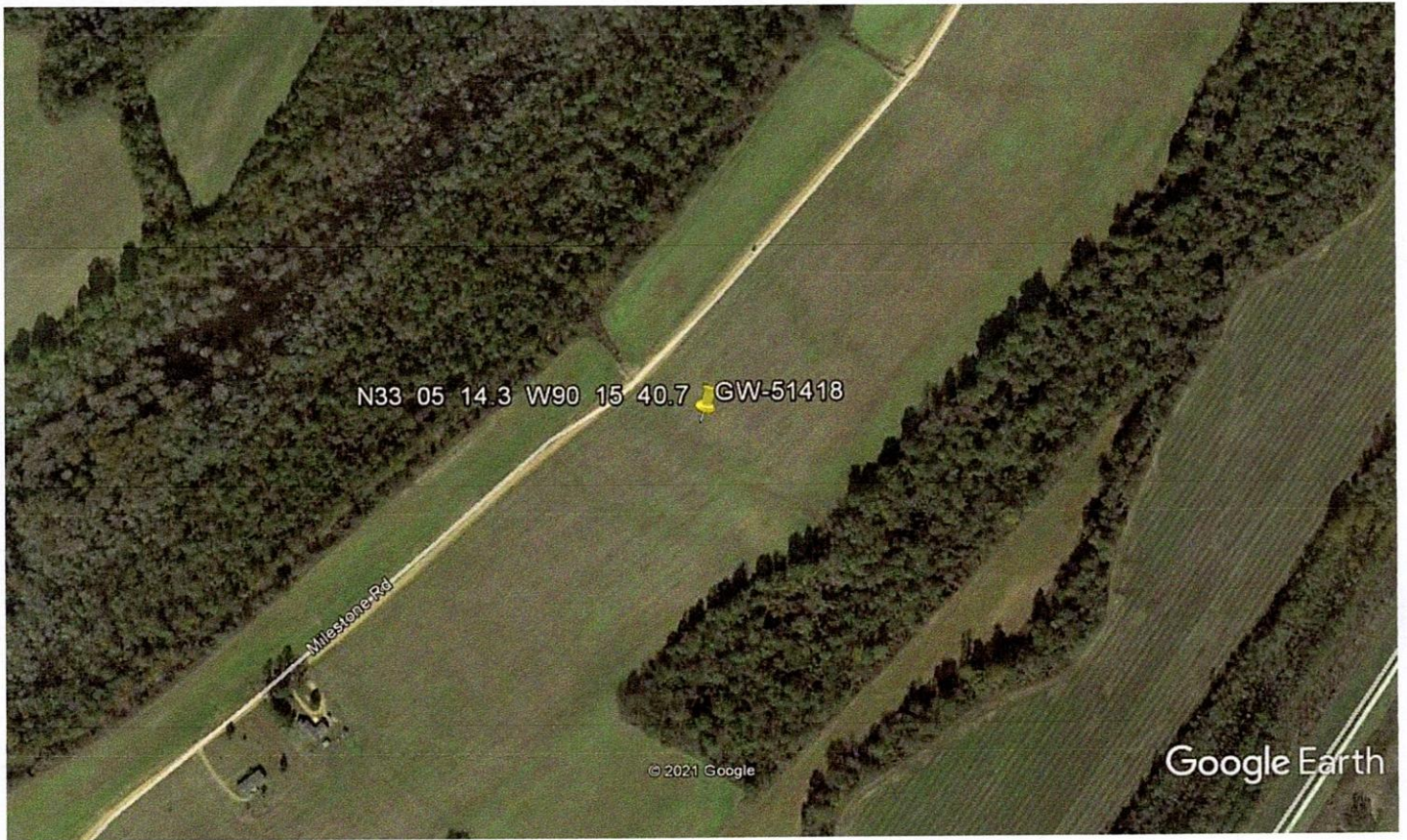
Permitted Acreage: Irrigation: 78 Fish Culture: 0 Wildlife Management: 0

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

Permittee Name: BROWN, RONNIE
Permittee Address: 910 MILESTON ROAD
TCHULA, MS 39169

Permit Issued: 01/04/2021
Permit Expires: 01/04/2026
Permit Modified:
Permit Reissued:

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.



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