

## 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 #: B382  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW-51082  
Driller: CHAD MATTOX  
Date drilling completed: 5/24/19

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Sky Lake Land</u>	Latitude: <u>33-16-2</u> Longitude: <u>90-34-13</u>
Mailing Address: <u>PO Box 488</u>	Method of Lat/Long (check 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>Nesbit</u> MS <u>38651</u>	NW <u>1/4</u> NW <u>1/4</u> , Sec <u>01</u> T <u>16N</u> R <u>04W</u>
City State Zip Code	<u>2</u> Miles <u>E</u> of <u>Isola</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>5/24/19</u> Date drilling completed: <u>5/24/19</u> Hole depth: <u>115</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>Nearby Slough</u>
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 type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>29</u> feet <input type="radio"/> above / <input type="radio"/> below land surface Date measured: <u>6/25/19</u> <small>(select one)</small>
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>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input checked="" type="radio"/> Neat Cement <input 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>115</u> feet to <u>75</u> 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
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**  
 06-03-2021  
  
**BY OLWR**

County: Humphreys  
 Permit #: GW-51082

**For Office Use Only:**  
 Well #: **B382**

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

Ground Level 


Description of Formations Encountered	From (depth) To (depth)	
	Ground level	10
Clay/Sand	10	20
Sand	20	30
Sand/Pea Gravel	30	40
Gravel	40	50
Gravel	50	60
Gravel	60	70
Gravel	70	80
Gravel	80	90
Gravel	90	100
Gravel	100	110
Gravel	110	115

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.

6/2/21  
 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)

County: Humphreys  
 Permit #: GW-51082  
 Driller: CHAD MATTOX  
 Date completed: 5/24/2021  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: B382  
 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: <u>Sky Lake Land</u>			Latitude: <u>33-16-2</u>	Longitude: <u>90-34-13</u>
Mailing Address: <u>PO Box 488</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,	
Nesbit MS 38651			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>	
City	State	Zip Code	NW <u>1/4</u> NW <u>1/4</u> , Sec <u>01</u> T <u>16N</u> R <u>04W</u>	
Telephone No. (____) _____			2 Miles E of Isola	
			(Distance) (Direction) (Nearest Town)	

**Pump Type (select one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5/25/2019 Rated Pump Capacity: 2000 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: 40 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): 29 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.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 Chad H. Mattox UNR-8243 6/2/21 [Signature]  
 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



**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-51082 **Total Permitted Acreage:** 110

**Landowner Name:** SKY LAKE LAND  
**Landowner Address:** PO BOX 488  
NESBIT, MS 38651

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NW 1/4 of the NW 1/4 **Section:** 01 **Township:** 16N **Range:** 04W  
**County:** HUMPHREYS **Quad:** INVERNESS

**Permitted Acreage:** Irrigation: 110 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** PEARSON, CHASE  
**Applicant Address:** 8812 SUNFLOWER RIVER ROAD  
ISOLA, MS 38754

**Date Permit Issued:** 03/16/2020  
**Date Permit Expires:** 03/16/2025  
**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:**

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): MS-GW-08183

**SPECIAL TERMS AND CONDITIONS 2:**

See Attachment I which is hereby declared part of this permit.

A handwritten signature in black ink, appearing to read "Kay Whittington".

**Kay Whittington, Director  
Office of Land and Water Resources**