County:	Humphreys	
Permit #:	GW-5047	
Driller:	Irrigation Equipment, Inc.	
Date drilli	ina completed	6-4-18

## 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 #:	<u>D93</u>	
Aquifer:	<del></del>	
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 comp	oletion of drilling of the well or borehole.  Well or Borehole Location		
(Landowner if borehole is not for a water well)	Well of Boreliole Location		
Owner Name: Killebrew Cotton	Latitude: 33° 16' 4.2"N Longitude: 90° 20' 41.4"W		
Mailing Address: P.O. Box 865	Method of Lat/Long (check one):   Conventional Survey,		
	☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS		
Greenwood         MS         39095           City         State         Zip code	<u>N₩</u> ¼ <u>NW</u> ¼, Sec <u>7</u> T <u>16N</u> R <u>1W</u>		
Telephone No(	Miles SW of Cruger (Distance) (Direction) (Nearest Town)		
Well / Bor	rehole Data		
Date drilling started: 6-4-18 Date drilling completed:			
Location of the source of any surface water used for drilling:			
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM		
Logs run (check all applicable): $igtimes$ No log run $igtharpoonup$ Electric $igcap$ Gam	ma Ray 🔲 Density 🔛 Sonic 🗎 Neutron 🔲 Other:		
Name of organization running log(s):			
Purpose of borehole (check one):   Water Well Geotech	nical/Geological Investigation		
☐ Seismic Survey	Other (describe)		
If drilling is not related to water well con	struction, skip the remainder of this block		
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ P	ublic Supply ⊠ Irrigation ☐ Fish Culture		
Other (describe):			
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: 23 feet [☐ above or ☒ belo (check one)	w] land surface Date measured: 6-7-18 AUG 2.7		
Method of Measurement (check one) $\  \  \  \  \  \  \  \  \  \  \  \  \ $	pe ☐ Air line ☐ Other: (describe)		
Well depth: 121' Well grouted to a depth of: 10 feet	t Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix		
Casing length: 81 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 <u>82</u> feet to <u>121</u> feet		
Type of completion (check all applicable): ⊠ Gravel packed □ U	nderreamed  Open hole  Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing: Feet			
If telescoped or more than on	e screen, describe on next page		

	For Office Use Onl well #:		- 1	
	required for water wells	<u>Description of formatio</u> and boreholes, unless s	ns encountered must be provided j pecifically exempted by regulation	for all wells s
If well telescopes, show	w depths on sketch.			50
Ground level -		Description of Formati Clay	ons Encountered From (dep Ground le	
		Fine Sand	23	52
		Fine Sand & Gra		71
		Med. Sand & Gra		117
		Clay	118	121
If more than one scr	een, show location of each on sketch			
the well location     any perma	nent structures on the property that power lines, or other items that ma	t may aid in locating the well by aid in locating the property a		RECEIVE AUG 27 2018 BY OLW
				AUG 27 2018
				BYOLW
Landowner Name:				
	FY that the well/borehole was drilled e Mississippi Department of Environ state laws.		in accordance with all applicab	
	sponsible Licensee and License No		Signature of License	

Signature of Licensee Form: OLWR-SWR-1A (4/13)

# County: Humphreys Permit #: GW-50471 Driller: Irrigation Equipment, Inc. Date drilling completed: 6-4-18

Part 2
Pump Installer's Completion Report

STATE WELL 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 #:	D93	
Aquifer:		

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: Killibrew Cotton Latitude: 33° 16' 4.2"N Longitude: 90° 20' 41.4"W Mailing Address: P.O. Box 865 Method of Lat/Long (check one): 

Conventional Survey, ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS Greenwood MS 38930 NW 1/4 NW 1/4, Sec 7 T 16N R 1W City State Zip code Telephone No. (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 6-7-18 Rated Pump Capacity: 2000+/-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: 2 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: Feet GPM with a drawdown of \_\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping/ Meter Installation Meter Manufacturer: Meter Serial Number: Type of Meter: Meter Model Number/Name: 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.

8-15-18

Date

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

Print Name of Pump Installer and License No. (if applicable)

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

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BYOLWR

### 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, lake level elevation, or static groundwater level (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-50471

Landowner Name: FOOSE, KATHERINE Landowner Address: 100 CHESTNUT STREET

LEXINGTON

MS 39095

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 07 Township: 16N Range: 01W

> County: HUMPHREYS Quad: MONTGOMERY

Maximum Volume: 240 Acre-Feet/Year equivalent to .2142 Million Gallons/Day

Maximum Rate: 2000 Gallons/Minute

Applicant Name: KILLEBREW, HEATH

Applicant Address: PO BOX 865

GREENWOOD MS 38930

Date Permit issued: 07/11/2018 Date Permit Expires: 07/11/2023

**Date Permit Modified:** Date Permit Re-issued:

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

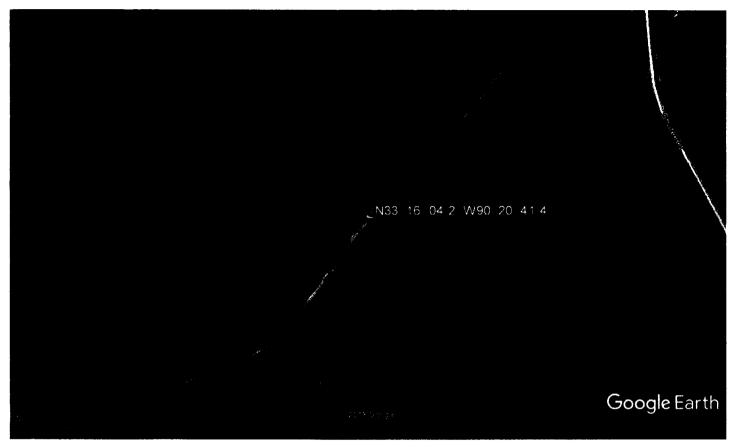
SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2: WATER VOLUME MUST BE REDUCED BY AMOUNT OF WATER APPLIED TO THE SAME ACREAGE FROM OTHER PERMITTED POINTS.

Gary C. Rikard, Executive Director

Mississippi Department of Environmental Quality

Day C Fuller



Google Earth

feet \_\_\_\_\_\_1000 meters 500

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