

Blade Cut

110

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: F 240

Aquifer: _____

E-Log #: _____

County: Humphreys
Permit #: CW-51102
Driller: Wes McMurry
Date drilling completed: 6-21-20

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: <u>Melvin & Mary Farms</u>	Latitude: <u>33° 7' 10.62"</u> Longitude: <u>90° 27' 48.50"</u>
Mailing Address: <u>124 Parks Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni</u> MS <u>39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>25</u> T <u>15N</u> R <u>03W</u>
Telephone No. <u>(662) 836-6511</u>	<u>4</u> Miles <u>SE</u> of <u>Belzoni</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6-21-20</u> Date drilling completed: <u>6-21-20</u> Hole depth: <u>105</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>ditch nearby</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey 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>8'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6-22-20</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>65</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>.050</u> inches Setting depth: From <u>65</u> feet to <u>105</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>

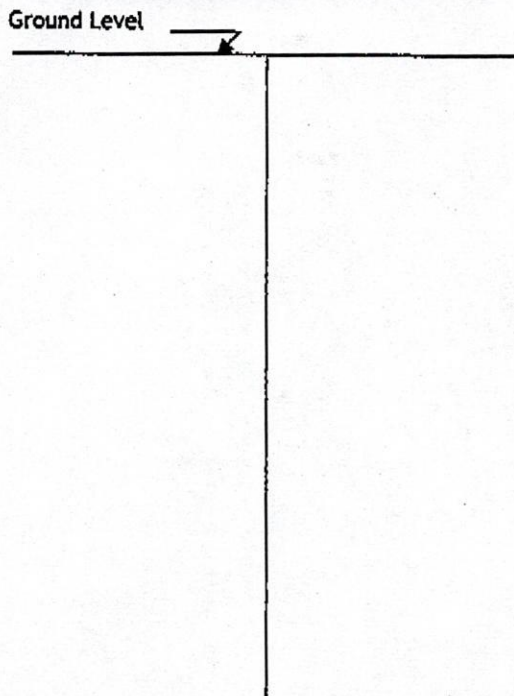
Received
JUL 21 2020
By OLWR

County: Humphreys
 Permit #: GW-51102

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



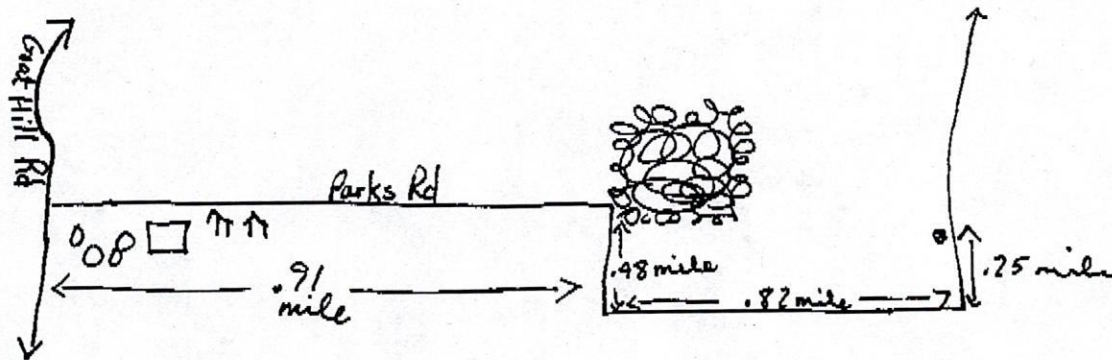
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	15
Clay	15	25
Clay	25	35
Medium Sand/Coarse	35	45
Medium Sand	45	55
Med./Coarse Sand	55	65
Coarse Sand	65	75
Coarse Sand/Gravel	75	85
Coarse Sand Gravel	85	95
Coarse Sand Gravel	95	105

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: Melvin + Mary Farms

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.

Peyton Overstreet 00008076 7/7/20
 Print Name of Responsible Licensee and License No. Date

Peyton Overstreet
 Signature of Licensee

Received

STATE WELL REPORT ^{July 9, 2020}

County: Humphreys
 Permit #: GW-S1102
 Driller: Wes McMurry
 Date completed: 6-22-20
Copy information from block on Part 1

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 #: F240
 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>Melvin & Mary Farms</u>	Latitude: <u>33° 7' 10.62"</u>	Longitude: <u>90° 27' 48.50"</u>	
Mailing Address: <u>124 Parks Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Belzoni</u> <u>MS</u> <u>39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>SE 1/4 NW 1/4, Sec 25 T 15N R 03W</u>		
Telephone No. <u>(662) 836-6511</u>	<u>4</u> Miles <u>SE</u> of <u>Belzoni</u>		
	(Distance) (Direction) (Nearest Town)		

Pump Type (check one)

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

Date Pump Installed: 6-22-20 Rated Pump Capacity: _____ 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: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: N/A Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 8' Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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: McCrometer Meter Serial Number: 18-05265

Meter Model Number/Name: M0310 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF

Installation Date: 6-22-20 Meter installed by: Fred Mitchell

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.

Rayton Overstreet 00002026 7-7-20 Rayton Overstreet

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

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Received
JUL 21 2020
By OLWR

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-51102 Total Permitted Acreage: 225

Landowner Name: MELVIN AND MARY FARMS
Landowner Address: 124 PARKS ROAD
BELZONI, MS 39038

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NW 1/4 Section: 25 Township: 15N Range: 03W

County: HUMPHREYS Quad: SILVER CITY

Permitted Acreage: Irrigation: 225 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: MELVIN AND MARY FARMS
Applicant Address: 124 PARKS ROAD
BELZONI, MS 39038

Date Permit Issued: 03/27/2020

Date Permit Expires: 03/27/2025

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:

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

Kay Whittington, Director
Office of Land and Water Resources