

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 #: G92
Aquifer: _____
E-Log #: _____

County: Humphreys
Permit #: MS-GW-50056
Driller: Chad Mattox
Date drilling completed: 08/17/17

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>Mack W. Elliott</u>	Latitude: <u>33-12-24</u> Longitude: <u>90-20-53</u>
Mailing Address: <u>106 First Choice Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Madison</u> MS <u>39110</u>	<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>31</u> T. <u>16N</u> R. <u>01W</u> <input checked="" type="checkbox"/>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 08/17/17 Date drilling completed: 08/17 Hole depth: 17 Hole diameter: 26"
Location of the source of any surface water used for drilling: Nearby Brake
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 log(s): _____
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: 18 feet above or below land surface Date measured: 08/20/2017
(check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 60 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 100 feet to 60 feet
Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of tap pipe or reduction in casing: _____ feet
If telescoped or more than one screen, describe on next page

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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)

County: <u>Humphreys</u>
Permit #: <u>MS-GW-50056</u>
Driller: <u>Chad Mattox</u>
Date completed: <u>08/20/2017</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>692</u>
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>Mac W. Elliott</u>	Latitude: <u>33-12-53 24</u> Longitude: <u>90-19-29 53</u>
Mailing Address: <u>P.O. Box 2308</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Ridgeland, MS 39158	<u>SE SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>32 31</u> T <u>16N</u> R <u>01W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

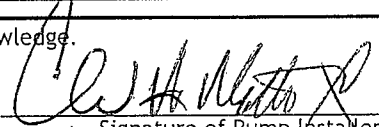
Pump Type (check one)
Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>08/20/2017</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement

Power Type (check one)
Electric <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: _____ Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>18</u> Feet Below Land Surface Pumping Water Level (B): <u>33</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
<i>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>

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Chad H. Mattox UNR-8243	08/20/2017	
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

P. O. Box 2309

Jackson, Mississippi 39225

G92

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-50056

Landowner Name: ELLIOTT, W MACK

Landowner Address: 106 FIRST CHOICE DRIVE
MADISON MS 39110

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NW 1/4 **Section:** 31 **Township:** 16N **Range:** 01W

County: HUMPHREYS

Quad: MARCELLA

Maximum Volume: 263 Acre-Foot/Year *equivalent to* .2348 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: J SARTAIN CONSTRUCTION

Applicant Address: 106 FIRST CHOICE DRIVE
MADISON MS 39110

Date Permit Issued: 06/22/2017

Date Permit Expires: 06/22/2022

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:

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Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality