

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 #: A 191
 Aquifer: _____
 E-Log #: _____

County: ISSAQUENA
 Permit #: GW-51163
 Driller: TOMMY PEACOCK
 Date drilling completed: 6/11/20

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>JAMES E NEWSOM</u>			Latitude: <u>33.0023242N</u> Longitude: <u>-91.0087897</u>	
Mailing Address: <u>PO BOX 450</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,	
<u>GLEN ALLEN</u> <u>MS</u> <u>38744</u>			USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>	
City	State	Zip Code	<u>SE</u> ^{<u>NE</u>} <u>1/4</u> <u>NW</u> ^{<u>SW</u>} <u>1/4</u> , Sec <u>03</u> T <u>13N</u> R <u>08W6</u>	
Telephone No. (____) _____			____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>6/11/20</u>	Date drilling completed: <u>6/11/20</u> Hole depth: <u>115</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: _____	
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 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>16</u> feet <input type="radio"/> above / <input checked="" type="radio"/> below land surface Date measured: _____ (select one)	
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>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" 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>70</u> feet to <u>115</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" 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>	

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County: ISSAQUENA
Permit #: GW-51163

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

15	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
	Ground level	10
FINE SAND	10	20
FINE SAND	20	30
FINE SAND	30	40
MEDIUM SAND	40	50
MEDIUM SAND	50	60
MEDIUM SAND	60	70
COARSE SAND AND GRAVEL	70	80
COARSE SAND AND GRAVEL	80	90
COARSE SAND AND GRAVEL	90	100
COARSE SAND AND GRAVEL	100	110
COARSE SAND AND 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

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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.

TOMMY PEACOCK UNR 3408
Print Name of Responsible Licensee and License No.

10-21-20
Date

Tommy Peacock Jr
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)

For Office Use Only:

Well #: A 191
Aquifer: _____

County: ISSAQUENA
Permit #: GW-51163
Driller: TOMMY PEACOCK
Date completed: _____
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: <u>JAMES E NEWSOM</u>	Latitude: <u>33.0023242N</u> Longitude: <u>-91.0087897</u>
Mailing Address: <u>PO BOX 450</u>	Method of Lat/Long (select 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>GLEN ALLEN</u> <u>MS</u> <u>38744</u>	<u>SE NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> , Sec <u>03</u> T <u>13N</u> R <u>08W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (select one)

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

Date Pump Installed: 6/23/20 Rated Pump Capacity: 1400 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: 30 Setting Depth: 75 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 16 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.

David P. Holt 0-752P _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Google Maps

420 Rain St, Clarksdale, MS to Western Line School District, Mississippi

Drive 98.3 miles, 1 hr 39 min



Imagery ©2020 Landsat / Copernicus, Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020

2000 ft



via US-61 S

1 hr 39 min

Fastest route, the usual traffic

98.3 miles



via US-49W S and US-61 S

1 hr 51 min

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P.O.Box 2309

Jackson, Mississippi 39225

~~ENCLOSURE~~

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-51163 **Total Permitted Acreage:** 47

Landowner Name: NEWSOM, JAMES E
Landowner Address: PO BOX 450
GLEN ALLAN, MS 38744

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NW 1/4 **Section:** 03 **Township:** 13N **Range:** 08W

County: ISSAQUENA **Quad:** GLEN ALLAN

Permitted Acreage: **Irrigation:** 47 **Fish Culture:** 0 **Wildlife Management:** 0

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

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Applicant Name: NEWSOM, JAMES E
Applicant Address: PO BOX 450
GLEN ALLAN, MS 38744

Date Permit Issued: 06/04/2020
Date Permit Expires: 06/04/2025
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.

20-0259

Key W...