County:	Leflore	
Permit #:	GW-51081	
Driller:	Irrigation Ed	uipment, Inc.
Date drilli	ing completed:	8-8-20

## 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	Offic	e Use Onl
Well #:	A	199
Aquifer:		
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 com	pletion 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: John Harrell	Latitude: 33° 48' 26.8"N Longitude: 90° 26' 17.8"W
	Latitude. 30 40 20.0 N Longitude. 30 20 17.0 W
Mailing Address: 170 Steed Mixon Rd	Method of Lat/Long (check one):   Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Doddsville MS 38736	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>6</u> T <u>22N</u> R <u>2W</u>
City State Zip code	14E 74 14E 74, 360 0 1 2214 1 244
Telephone No(	Miles East of Drew
	(Distance) (Direction) (Nearest Town)
Well / Bo	rehole Data
Date drilling started: 8-8-20 Date drilling completed:	8-8-20 Hole depth: 126' Hole diameter: 18"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and dev	elopment: 50 PPM
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gam	ma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one):   Water Well Geotech	nnical/Geological Investigation
☐ Seismic Survey	Other (describe)
if ariting is not retated to water well con	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ F	RE 15 2021
Other (describe):	JAN I OIR
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 46 feet [☐ above or ☒ belo	w] land surface Date measured: 8-8-20
Method of Measurement (check one) ⊠ Steel tape ☐ Electric tape	pe Air line Other: (describe)
Well depth: 126' Well grouted to a depth of: 10 fee	t Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 86 feet Casing diameter: 10	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From <u>87</u> feet to <u>126</u> feet
Type of completion (check all applicable): $igtimes$ Gravel packed $igsqcup$ U	Inderreamed  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 Form: OLWR-SWR-1A (4/13)

County: Leflore	Wel	For Office Use (	
Permit #: <b>GW-51081</b>			
The sketch below only required for water wells	Description of formations encounter and boreholes, unless specifically ex		ll wells
If well telescopes, show depths on sketch.	Description of Formations Encoun		To (donth
Ground level	Clay	from (depth) Ground level	To (depth
	Fine Sand	19	45
	Fine Sand & Gravel	46	58
	Med. Sand & Gravel	59	126
f more than one screen, show location of each on sketch	L		J
Sketch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may a 4) a north arrow	id in locating the property and the well		
Landowner Name:		RECEIVE JAN 15 2	D D D D D D D
HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environment of applicable, and state laws.	constructed, and completed in accorda	Form: OLWR-S ince with all applicable	SWR-1A (04/0

# County: Leflore Permit #: GW-51081 Driller: Irrigation Equipment, Inc. Date drilling completed: 8-8-20 Copy information from block on Part 1

## 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) 260 0535 (fee)

	Offic	e Use	Only:
Well #:	1,	1 '	
Aquifer:			

(60)	1) 360-0535 (fax)		
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the De	epartment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: John Harrel	Latitude: 33° 48' 26.8"N Longitude: 90° 26' 17.8"W		
Mailing Address: 170 Steed Mixon Road	Method of Lat/Long (check one):   Conventional Survey,		
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS		
Doddsville MS 38736 City State Zip code	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>6</u> ⊤ <u>22N</u> R <u>2W</u>		
	Little Foot of Drow		
Telephone No(	Miles East of Drew (Distance) (Direction) (Nearest Town)		
Submersible □ Turbine □ Air Lift □ Centrifugal □ Flowing  Date Pump Installed 8-8-20  Is This Pump (check one): ☑ New □ Repaired □ Replacement	Rated Pump Capacity: 500 +/- Gallons Per Minute		
Power T	Type (check one)		
☑ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PT	TO Windmill Other (describe):		
Horse Power Rating of Motor: 15 Setting Dept	h: 70 feet Number of Stages: 1		
Pump Test Dat	a for Non Flowing Well		
Date Well Tested:	Duration of Pump Test (minimum 4 hours): Hours		
Static Water Level (A): Feet Below Land Surface	ce Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]: Feet Below Land Su	urface Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): ☐ Steel tape ☐ Electric			
	Data for Flowing Well		
Measured shut in head: Feet			
Well yielded GPM with a drawdown of	feet after hours of pumping		
Moto	er Installation		
Meter Manufacturer:	Meter Serial Number:		
	Type of Mater		
Meter Model Number/Name:	Type or weter.		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ?	- 1 1/13 -		
Installation Date: Meter installed by: _	2405		
Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacem	ent		
	certifying that this meter was installed to manufacturer standards.  approved meters is on the MDEQ website.		
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.		
0695	1-4-21		
Print Name of Pump Installer and License No. (if applicable	Date Signature of Pump Installer		
	Form: OLWR-SWR-1B (4/13)		

#### 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-51081

**Total Permitted Acreage: 40** 

Landowner Name:

HARRELL, JOHN

Landowner Address: 170 STEED MIXON ROAD

DODDSVILLE, MS 38736

Source of Water:

MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s):

IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NE 1/4

Section: 06

Township: 22N

Range: 02W

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BY OLWR

County:

**LEFLORE** 

Quad:

**BROOKS** 

Permitted Acreage:

Irrigation: 40

Fish Culture: 0

Wildlife Management: 0

Maximum Volume:

See Special Terms And Conditions (attachment I)

**Applicant Name:** 

HARRELL, JOHN

**Applicant Address:** 

170 STEED MIXON ROAD

DODDSVILLE, MS 38736

**Date Permit Issued:** 

05/13/2020

**Date Permit Expires:** 

05/13/2025

**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.

as Why

Kay Whittington, Director Office of Land and Water Resources

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JAN 15 2021
BY OLWR