

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)

County: Leflore
Permit #: GW-50685
Driller: CHAD MATTOX
Date drilling completed: 5/25/19

For Office Use Only:

Well #: D218
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 completion of drilling of the well or borehole.

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10-22-2019
BY OLWR

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>Avent Oaks, LP</u>			Latitude: <u>33-43-01.8</u> Longitude: <u>90-18-55.79</u>		
Mailing Address: <u>PO Box 941</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,		
			USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>		
			SE <input type="radio"/> NE <input type="radio"/> Sec <u>05</u> T <u>21N</u> R <u>01W</u>		
<u>Point Clear</u>	<u>AL</u>	<u>36564</u>	1 <u> </u> Miles <u>S</u> of <u>Minter City</u>		
City	State	Zip Code	(Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____					

Well / Borehole Data		
Date drilling started: <u>5/25/19</u>	Date drilling completed: <u>5/25/19</u> Hole depth: <u>118</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>23</u> feet <input type="radio"/> above/ <input type="radio"/> below land surface Date measured: <u>5/26/19</u>		
(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>118</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix		
Casing length: <u>78</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>118</u> feet to <u>78</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>		

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 #: **D218**

 Aquifer: _____

County: Leflore
 Permit #: GW-50685
 Driller: CHAD MATTOX
 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>Avent Oaks, LP</u>			Latitude: <u>33-43-01.8</u> Longitude: <u>90-18-55.79</u>		
Mailing Address: <u>PO Box 941</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"/>		
Point Clear <u>AL</u> <u>36564</u>			SE <u>1/4</u> NE <u>1/4</u> , Sec <u>05</u> T <u>21N</u> R <u>01W</u>		
City <u>State</u> <u>Zip Code</u>			1 <u>Miles</u> <u>S</u> of <u>Minter City</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

Pump Type (select one)

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

Date Pump Installed: 5/26/2019 Rated Pump Capacity: 2500 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 23 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: _____

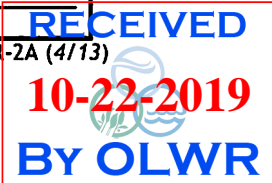
Is This Meter (circle one): New Repaired Replacement

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.

Chad H. Mattox UNR-8243 5/26/19 Chad H. Mattox

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





Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT
TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

General Permit: MRVA-002
Certificate Number: MS-GW-50685 **Total Permitted Acreage:** 125

Landowner Name: AVENT OAKS LP
Landowner Address: PO BOX 941
POINT CLEAR, AL 36564

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NE 1/4 **Section:** 05 **Township:** 21N **Range:** 01W

County: LEFLORE **Quadrangle:** SCHLATER

Permitted Acreage: Irrigation: 125 **Fish Culture:** 0 **Wildlife Management:** 0

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

Applicant Name: WALTER PILLOW AND SONS PLANTING COMPANY
Applicant Address: PO BOX 10269
GREENWOOD, MS 38930

Date Original Permit Issued: 05/23/2019

Date Coverage Expires: 03/04/2024

Date Coverage Modified:

Date Coverage Granted:

SPECIAL TERMS AND CONDITIONS 1:

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): GW-36054

SPECIAL TERMS AND CONDITIONS 2:

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

SPECIAL TERMS AND CONDITIONS 3:

Replacement for GW-06532

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

GW-50685


33°43'1.74"N
90°18'55.71"W


RECEIVED

10-22-2019

BY OLWR

Legend

 GW-50685

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1000 ft