

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-50717
Driller: CHAD MATTOX
Date drilling completed: 6/30/19

For Office Use Only:
Well #: K165
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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Fort Pemberton Dev.</u>	Latitude: <u>33-32-12</u> Longitude: <u>90-16-11.45</u>
Mailing Address: <u>PO Box 894</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,
<u>Greenwood</u> MS <u>38930</u>	USGS quad <input type="radio"/> SE <input type="radio"/> SW <input type="radio"/> NE <input type="radio"/> NW, Sec <u>02</u> T <u>19N</u> R <u>01W</u>
City State Zip Code	<u>.5</u> Miles <u>N</u> of <u>Greenwood</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/30/19 Date drilling completed: 6/30/19 Hole depth: 115 Hole diameter: 24

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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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: 28 feet above / below land surface Date measured: 7/1/19
(select one)

Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 75 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 115 feet to 75 feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

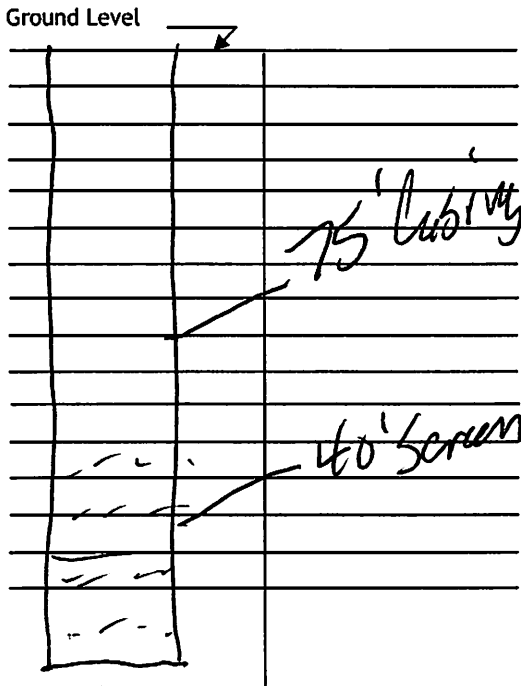
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County: Leflore
 Permit #: GW-50717

For Office Use Only:
 Well #: **K165**

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)
	Ground level	10
clay	10	20
clay	20	30
sand	30	40
sand	40	50
sand/gravel	50	60
sand/gravel	60	70
sand/gravel	70	80
sand/gravel	80	90
sand/gravel	90	100
sand/gravel	100	110
gravel/clay	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

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.

CHAD MATTOX UNR 8243
 Print Name of Responsible Licensee and License No.

8/10/19
 Date

[Signature]
 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)

County: Leflore
 Permit #: GW-50717
 Driller: CHAD MATTOX
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Well #: K165
 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>Fort Pemberton Dev.</u>			Latitude: <u>33-32-12</u> Longitude: <u>90-16-11.45</u>		
Mailing Address: <u>PO Box 894</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/>		
			USGS quad <input type="radio"/> SE <input type="radio"/> SW <input checked="" type="radio"/> SE <input type="radio"/> NE <input type="radio"/> NW, Sec <u>02</u> T <u>19N</u> R <u>01W</u>		
<u>Greenwood</u>	<u>MS</u>	<u>38930</u>	<u>.5</u> Miles <u>N</u> of <u>Greenwood</u>		
City	State	Zip Code	(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: 7/1/2019 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): 28 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 8/10/19 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



STATE OF MISSISSIPPI

HW 4 square



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-50717 Total Permitted Acreage: 180

Landowner Name: FORT PEMBERTON DEVELOPMENT COMPANY
Landowner Address: PO BOX 894
GREENWOOD, MS 38930

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

Diversion/Withdrawal Location: SE 1/4 of the SW 1/4 Section: 02 Township: 19N Range: 01W
County: LEFLORE Quadrangle: SHELLMOUND

Permitted Acreage: Irrigation: 180 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:

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

SPECIAL TERMS AND CONDITIONS 2:

Replacement for GW-13328

Handwritten signature of Gary C. Rikard


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

GW-50717

33°32'11.81"N
90°16'11.70"W

Legend

-  Cannon
-  Floewood River Plantation State Park
-  GW-50717
-  Leflore County Country Club
-  Pillow Academy

 GW-50717

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