

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 #: MS-GW-49331
Driller: _____
Date drilling completed: 9-14-16

For Office Use Only:

Well #: 093
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Joe Alderman</u>	Latitude: <u>33°23'9"N</u> Longitude: <u>90°14'3.4"W</u>
Mailing Address: <u>1693 CR 347</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Carrollton</u> MS <u>38917</u>	<u>NW 1/4 NE 1/4, Sec 31 T 18N R 01E</u>
City State Zip Code	<u>6</u> Miles <u>SW</u> of <u>Sidon, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9/14/16</u> Date drilling completed: <u>9/14/16</u> Hole depth: <u>105</u> Hole diameter: <u>22"</u>
Location of the source of any surface water used for drilling: <u>Sidon Cutoff</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle 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="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <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>15</u> feet [above or <input checked="" type="checkbox"/> below] and surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>65</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>65</u> feet to <u>105</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input 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: Leflore
Permit #: MS-GW-49331

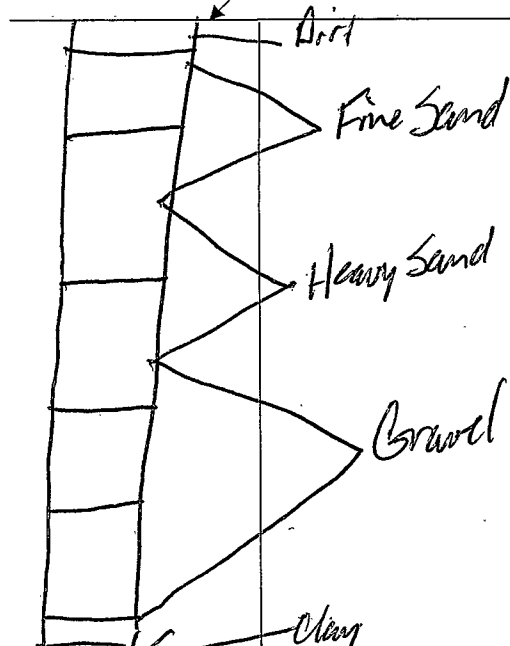
For Office Use Only:
Well #: 093

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground level	15
Fine Sand	15	25
Heavy Sand	25	35
u	35	45
u	45	55
Gravel	55	65
Gravel	65	75
Gravel	75	85
Gravel	85	95
Gravel/Clay	95	105

- 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

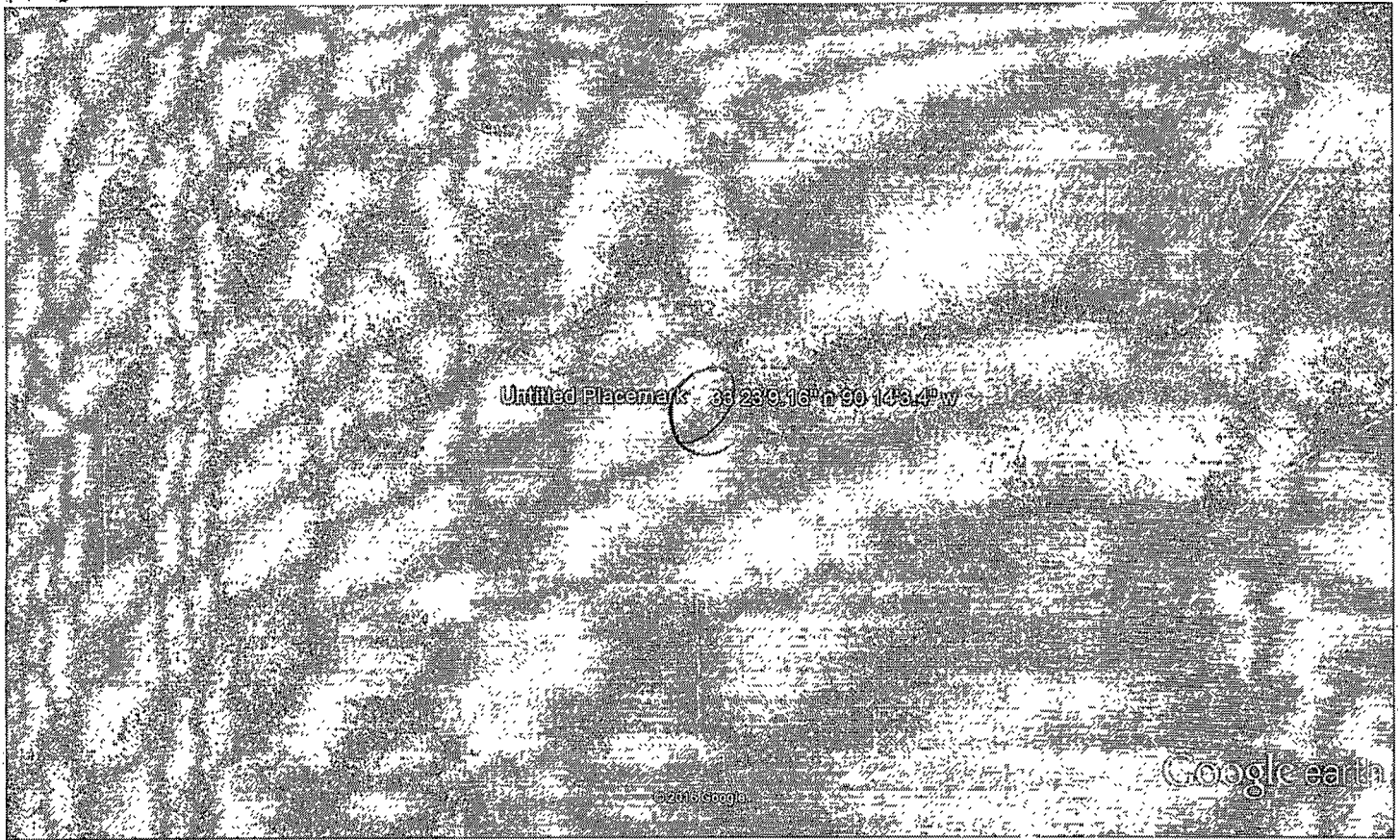
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Landowner Name: _____

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 Pearch OLR-3408 9-14-16 Tommy Pearch
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Google earth



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STATE OF MISSISSIPPI
Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

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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-49331

Landowner Name: ALDERMAN, JOE

Landowner Address: 693 COUNTY ROAD 347
CARROLLTON MS 38917

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 Section: 31 Township: 18N Range: 01E

County: LEFLORE

Quad: SIDON

Maximum Volume: 90 Acre-Feet/Year equivalent to .0803 Million Gallons/Day

Maximum Rate: 1000 Gallons/Minute

Applicant Name: ALDERMAN, SPENCER

Applicant Address: 2012 COUNTY ROAD 122
CARROLLTON MS 38917

Date Permit Issued: 03/28/2016

Date Permit Expires: 03/28/2021

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