

6/21/18 4:22 PM
162

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 #: K71
Aquifer: _____
E-Log #: _____

County: PANOLA
Permit #: GW-50296
Driller: Chad Mattox
Date drilling completed: 5/23/18

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 or Borehole Location
Latitude: 34 23 06 Longitude: 90 08 34
Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NW 1/4 SW 1/4, Sec 15 T 08S R 09W
3 Miles N of Curtis Station
(Distance) (Direction) (Nearest Town)

Well Owner Information
(Landowner if borehole is not for a water well)
Owner Name: SARAH B. HARRIS
Mailing Address: 3147 Holly Grove Rd
SARDIS MS 38666
City State Zip Code
Telephone No. (____) _____

Well / Borehole Data
Date drilling started: 5/23/18 Date drilling completed: 5/23/18 Hole depth: 125' 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 (circle 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 (circle 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: 10 feet [above or below land surface] (circle one) Date measured: 5/23/18
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 85 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 60 85 feet to 80 125 feet
Type of completion (circle 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

Form: OLWR-SWR-1A (4/18)

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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: Panola
 Permit #: GW-50296 /
 Driller: Chad Mattox
 Date completed: 5-23-18
 Copy information from block on Part 1

For Office Use Only:

Well #: K 71
 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>Sarah B. Harris</u>	Latitude: <u>34 23 06</u> Longitude: <u>90 08 34</u>
Mailing Address: <u>3147 Holly Grove Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sardis</u> MS <u>38666</u>	<u>NW</u> 1/4 <u>SW</u> 1/4, Sec <u>15</u> T <u>08S</u> R <u>09W</u>
City State Zip Code	<u>3</u> Miles <u>N</u> of <u>Curtis Station</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-24-18 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric 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): 10 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 (circle 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 0-752 P 5-22-18 _____

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

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K71

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, 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-50296
 Landowner Name: HARRIS, SARAH B
 Landowner Address: 3147 HOLLY GROVE ROAD
 SARDIS MS 38666

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Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the SW 1/4

Section: 15 Township: 08S Range: 09W

County: PANOLA

Quad: CRENSHAW S

Maximum Volume: 330 Acre-Feet/Year equivalent to .2946 Million Gallons/Day

Maximum Rate: 3000 Gallons/Minute

Applicant Name: WEST, NOLAN
 Applicant Address: 22679 HIGHWAY 51
 SARDIS MS 38666

Date Permit Issued: 03/01/2018

Date Permit Expires: 03/01/2023

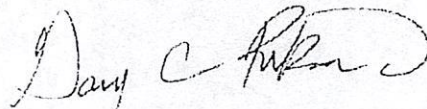
Date Permit Modified:

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:



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