

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)

161

For Office Use Only:

Well #: K 0081
Aquifer: _____
E-Log #: _____

County: PANOLA
Permit #: GW-50837
Driller: CHAD MATTOX
Date drilling completed: 7/17/19

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>GARY TAYLOR</u>	Latitude: <u>34.3549</u> Longitude: <u>-90.1086</u>
Mailing Address: <u>10355 MEMPHIS ARLINGTON ROAD</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,
<u>LAKELAND</u> <u>TN</u> <u>38002</u>	USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>25</u> T <u>8S</u> R <u>9W</u>
Telephone No. (<u>901</u>) <u>338-9686</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7/17/19</u> Date drilling completed: <u>7/17/19</u> Hole depth: _____ Hole diameter: _____
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>12</u> feet <input type="radio"/> above/ <input checked="" type="radio"/> below land surface Date measured: <u>6/17/19</u> <small>(select one)</small>
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>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>80</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>80</u> feet to <u>120</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>

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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)

For Office Use Only:

Well #: K

Aquifer: _____

County: PANOLA
 Permit #: GW-50837
 Driller: CHAD MATTOX
 Date completed: 7/19/19
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>GARY TAYLOR</u>	Latitude: <u>34.3549</u> Longitude: <u>-90.1086</u>
Mailing Address: <u>10355 MEMPHIS ARLINGTON ROAD</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,
<u>LAKELAND</u> <u>TN</u> <u>38002</u>	USGS quad <u>NW</u> <u>SW</u> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input checked="" type="radio"/>
City State Zip Code	<u>NW</u> <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>25</u> T <u>8S</u> R <u>9W</u>
Telephone No. (<u>901</u>) <u>338-9686</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 6/19/19 Rated Pump Capacity: 3000 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: 80 Setting Depth: 50 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 12 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.

David P. Holt 0-752P 7/10/19 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

19-0329
#1 R210 NE

*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-50837 orig. GW-37434 Total Permitted Acreage: 115

Landowner Name: TAYLOR, GARY W
Landowner Address: 10355 MEMPHIS ARLINGTON ROAD
LAKELAND, TN 38002

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

Diversion/Withdrawal Location: NW 1/4 of the SW 1/4 Section: 25 Township: 08S Range: 09W

County: PANOLA Quadrangle: ASA

Permitted Acreage: Irrigation: 115 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: TAYLOR, GARY W
Applicant Address: 10355 MEMPHIS ARLINGTON ROAD
LAKELAND, TN 38002

Date Original Permit Issued: 07/11/2019

Date Coverage Expires: 12/31/2020

Date Coverage Modified:

Date Coverage Granted:

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SPECIAL TERMS AND CONDITIONS 1:

See Attachment 1 which is hereby declared part of this permit.

SPECIAL TERMS AND CONDITIONS 2:

[REPLACEMENT FOR MS-GW-37434.]

Day C [Signature]

19-0329