

20-0264

168

# 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: PANOLA  
 Permit #: GW-51153  
 Driller: TOMMY PEACOCK  
 Date drilling completed: 6/08/20

**For Office Use Only:**  
 Well #: K 87  
 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>GROVER LAWSON RIVERS</u>			Latitude: <u>34 22 58N</u>	Longitude: <u>90 06 51W</u>
Mailing Address: <u>98 PLEASANT GROVE</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"/>	
<u>SARDIS</u>	<u>MS</u>	<u>38666</u>	<u>SE NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>14</u> T <u>08S</u> R <u>09W</u>	
City	State	Zip Code		
Telephone No. (____) _____			____ Miles ____ of ____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6/08/20 Date drilling completed: 6/08/20 Hole depth: 105 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: 16 feet  above/ below land surface Date measured: 6/08/20  
 (select one)

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 65 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 \_\_\_\_\_ feet to \_\_\_\_\_ 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: PANOLA  
Permit #: GW-51153

**For Office Use Only:**  
Well #: \_\_\_\_\_

**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**

Ground Level  $\swarrow$

20	CASING
20	CASING
25	CASING
20	SCREEN
20	SCREEN

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
CLAY 13' COURSE, 16' MED SAND	10	20
MEDIUM SAND & PEA GRAVEL	20	30
MEDIUM SAND & PEA GRAVEL	30	40
MEDIUM SAND & PEA GRAVEL	40	50
MEDIUM SAND & PEA GRAVEL	50	60
MEDIUM SAND & PEA GRAVEL	60	70
MEDIUM SAND & PEA GRAVEL	70	80
MEDIUM SAND & PEA GRAVEL	80	90
MEDIUM SAND & PEA GRAVEL	90	100
MEDIUM SAND & PEA GRAVEL	100	105
	110	120

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

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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 PEACOCK                      UNR 3408  
Print Name of Responsible Licensee and License No.                      Date

*Tommy Peacock* UNR-3408  
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)

### For Office Use Only:

Well #: K 87  
Aquifer: \_\_\_\_\_

County: PANOLA  
Permit #: GW-51153  
Driller: TOMMY PEACOCK  
Date completed: 6/8/20  
*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>GROVER LAWSON RIVERSIDE</u>			Latitude: <u>34 22 58N</u> Longitude: <u>90 06 51W</u>		
Mailing Address: <u>98 PLEASANT GROVE</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"/>		
<u>SARDIS</u>	<u>MS</u>	<u>38666</u>	<u>SE <sup>NE</sup> SE 1/4, Sec 14 T 08S R 09W</u>		
City	State	Zip Code			
Telephone No. (____) _____			Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Pump Type (select one)	
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____	
Date Pump Installed: <u>06/11/20</u>	Rated Pump Capacity: _____ Gallons Per Minute
Is This Pump (select one): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
Power Type (select one)	
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>65</u> feet Number of Stages: _____

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>16</u> 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): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
David P. Holt	0-752P
Print Name of Pump Installer and License No. (if applicable)	Date
	Signature of Pump Installer

20-0264

34 22 57.98 N 90 6 50.96 W

RIVERSIDE FARMS 20-0262

4 - Puss

4 - Cats

3 - T

Tank

2 - UP

discharge pipe

hub - downstft

driveway

pressure vent

ped 9' w/ft

1362

- bolts

- bolts

6

10:00

10:00

10:00

10:00

10:00

10:00

10:00

10:00

10:00

10:00

10:00

10:00

Legend

Feature 1

Feature 2



800 ft

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**STATE OF MISSISSIPPI**

Department of Environmental Quality

Office of Land and Water Resources

P.O.Box 2309

Jackson, Mississippi 39225

20-0264

**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 or lake level elevation (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-51153 **Total Permitted Acreage:** 160

**Landowner Name:** GROVER LAWSON RIVERSIDE FARMS

**Landowner Address:** 98 PLEASANT GROVE RD  
SARDIS, MS 38666

**Source of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** SE 1/4 of the SE 1/4 **Section:** 14 **Township:** 08S **Range:** 09W

**County:** PANOLA **Quad:** PLEASANT GROVE

**Permitted Acreage:** **Irrigation:** 160 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** GROVER LAWSON RIVERSIDE FARMS

**Applicant Address:** 98 PLEASANT GROVE RD  
SARDIS, MS 38666

**Date Permit Issued:** 06/04/2020 -

**Date Permit Expires:** 06/04/2025

**Date Permit Modified:**

**Date Permit Reissued:**

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

**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): MS-GW-13834

**SPECIAL TERMS AND CONDITIONS 2:**

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

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