

172

# 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 #: Q 68  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: PANOLA  
 Permit #: GW-51017  
 Driller: CHAD MATTOX  
 Date drilling completed: 9/18/20

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>BOB CARTWRIGHT</u> Mailing Address: <u>11861 EAST SHELBY DR</u> <u>COLLIERVILLE</u> TN 38017 City State Zip Code Telephone No. (____) _____			<b>Well or Borehole Location</b> Latitude: <u>34 20 09N</u> Longitude: <u>-90 04 30W</u> <u>34.335986</u> <u>-90.075111</u> Method of Lat/Long (check 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>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>06</u> T <u>09S</u> R <u>08W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
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**Well / Borehole Data**

Date drilling started: 9/18/20 Date drilling completed: 9/18/20 Hole depth: 101 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: 14 feet  above /  below land surface Date measured: \_\_\_\_\_  
 (select one)

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

Well depth: 101 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 60 feet to 101 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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**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 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-51017 **Total Permitted Acreage:** 155

**Landowner Name:** CARTWRIGHT, BOB  
**Landowner Address:** 11861 EAST SHELBY DRIVE  
COLLIERVILLE, TN 38017-9511

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NE 1/4 of the NE 1/4 **Section:** 06 **Township:** 09S **Range:** 08W

**County:** PANOLA **Quad:** ASA

**Permitted Acreage:** **Irrigation:** 155 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** WEST, ALLAN  
**Applicant Address:** 7054 BALLENTINE ROAD  
SARDIS, MS 38666

**Date Permit Issued:** 05/22/2020

**Date Permit Expires:** 05/22/2025

**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:**

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

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*Key Wright*





# 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-51017  
 Driller: CHAD MATTOX  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: Q 68  
 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>BOB CARTWRIGHT</u>	Latitude: <u>34 20 09N</u> Longitude: <u>-90 04 30W</u>
Mailing Address: <u>11861 EAST SHELBY DR</u>	Method of Lat/Long (select one): <input type="radio"/> Conventional Survey <input checked="" type="radio"/> <u>34.335986</u> <u>-90.075111</u>
<u>COLLIERVILLE</u> <u>TN</u> <u>38017</u>	USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>06</u> T <u>09S</u> R <u>08W</u>
Telephone No. (____) _____	____ 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: 09/29/20 Rated Pump Capacity: 2200 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: 40 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): 14 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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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10/21/2019

34°20'09.0"N 90°04'30.0"W - Google Maps

Google Maps

34°20'09.0"N 90°04'30.0"W  
ALLEN WEST/BOB GAST WRIGHT 19-0340 ARKANSAS WILD POND WELL



Imagery ©2019 Google, Imagery ©2019 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2019 1000 ft

[https://www.google.com/maps/place/34°20'09.0"N+90°04'30.0"W/@34.3383404,-90.0714468,3107m/data=!3m1!1e3!4m5!3m4!1s0x0:0x0:8m2!3d34.3358333144-90.075](https://www.google.com/maps/place/34°20'09.0)