

STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

*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-51116
Total Permitted Acreage: 130

Landowner Name: HOWZE LAND COMPANY LLC
Landowner Address: PO BOX 85
SLEDGE, MS 38670

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

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 33 Township: 07N Range: 10W
County: QUITMAN Quadrangle: FALCON

Permitted Acreage: Irrigation: 130 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: HOWZE LAND COMPANY LLC
Applicant Address: PO BOX 85
SLEDGE, MS 38670

Date Original Permit Issued: 03/16/2020

Date Coverage Expires: 01/09/2024

Date Coverage Modified:

Date Coverage Granted:

SPECIAL TERMS AND CONDITIONS 1:

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

SPECIAL TERMS AND CONDITIONS 2:

REPLACEMENT WELL FOR MS-GW-08869

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STATE WELL REPORT

167

County: Quitman
 Permit #: GW-5116
 Driller: Chris Snodgrass
 Date drilling completed: 6-18-20

Part I
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5555
 (601) 961-5228 (fax)

For Office Use Only:

Well #: A 111
 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>House Land Co.</u>	Latitude: <u>34.431094</u> Longitude: <u>-90.250031</u>
Mailing Address: <u>PO Box 85</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sledge, MS 38670</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>N1E</u> 1/4 <u>SE</u> 1/4 Sec <u>33</u> T <u>7S</u> R <u>10W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>West</u> of <u>Sledge, MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-18-20 Date drilling completed: 6-18-20 Hole depth: 110 Hole diameter: 24"

Location of the source of any surface water used for drilling: Groundwater well 1/4 mile South

Method of dosing and volume of Chlorine used in drilling and development: 8 gallons per truckload of water

Logs run (check all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Purpose of borehole (check 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: 25 feet above or below land surface Date measured: 7-1-20
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (check one) Best Cement Bentonite Mix

Casing length: 70 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

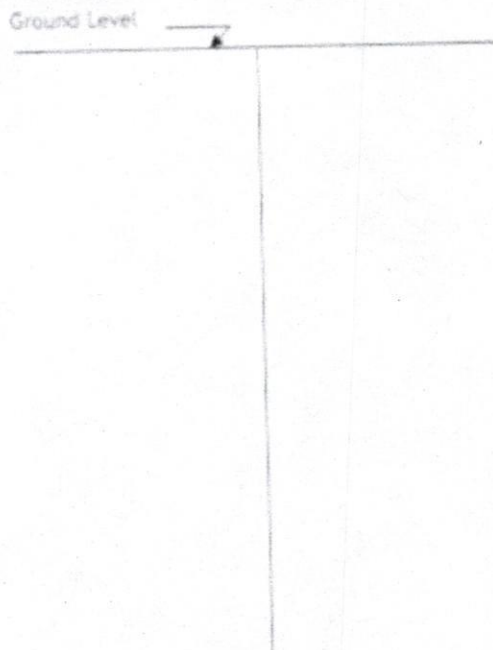
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County: Quitman
 Permit #: GW-51116

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Clay		34
Coarse sand & gravel	35	110

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

Landowner Name: Householder

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.

Chris Shackley
 Print Name of Responsible Licensee and License No.

8-1-20
 Date

[Signature]
 Signature of Licensee

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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 #: A 111
Aquifer: _____

County: Quitman
Permit #: GW-5116
Driller: Chris Shockley
Date completed: 7-1-20
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>Howce Land Co</u>	Latitude: <u>34.921054</u> Longitude: <u>-90.250031</u>
Mailing Address: <u>PO Box 85</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sledge MS 38670</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4, Sec 33 T 75 R 10W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>West</u> of <u>Sledge MS</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 7-1-20 Rated Pump Capacity: 2000 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 80 Setting Depth: 60 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): _____ 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 (check 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 (check 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.

Chris Shockley #2561 8-1-20 Chris Shockley
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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