

STATE WELL REPORT

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)961-5210
(601)360-0535 (fax)

County: <u>QUITMAN</u>
Permit #: <u>GW-51139</u>
Driller: <u>CHAD MATTOX</u>
Date drilling completed: <u>7/1/20</u>

160

For Office Use Only:

Well #: E 95

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>BILL CARTER</u>	Latitude: <u>34.257406</u> Longitude: <u>-90.314875</u>
Mailing Address: <u>108 PROCTOR</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ,
<u>HELENA</u> <u>AR</u> <u>72342</u>	USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>32</u> T <u>28N</u> R <u>01W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>S</u> of <u>WEST MARKS</u>
	<small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data
Date drilling started: <u>7/1/20</u> Date drilling completed: <u>7/1/20</u> Hole depth: <u>115</u> Hole diameter: <u>19</u>
Location of the source of any surface water used for drilling: <u>NEARBY DITCH</u>
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>11</u> feet <input type="radio"/> above / <input checked="" type="radio"/> below land surface Date measured: _____
<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>115</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>75</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>70</u> feet to <u>115</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input 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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County: QUITMAN
 Permit #: GW-51139

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____	
15	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
COURSE SAND	10	20
PEA GRAVEL & MED SAND	20	30
MED SAND	30	60
MED SAND & GRAVEL	60	80
MED SAND	90	115

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: _____

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.

CHAD MATTOX UNR 8243 4/1/21 [Signature] Signature of Licensee

Print Name of Responsible Licensee and License No. Date Form: OLWR-SWR-1B (4/13)

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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 #: E 95
 Aquifer: _____

County: QUITMAN
 Permit #: GW-51139
 Driller: CHAD MATTOX
 Date completed: _____
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>BILL CARTER</u>			Latitude: <u>34.257406</u> Longitude: <u>-90.314875</u>		
Mailing Address: <u>108 PROCTOR</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>HELENA</u>	<u>AR</u>	<u>72342</u>	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>32</u> T <u>28N</u> R <u>01W</u>		
City	State	Zip Code			
Telephone No. (____) _____			<u>1</u> Miles <u>S</u> of <u>WEST MARKS</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (select one)

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

Date Pump Installed: _____ Rated Pump Capacity: 600 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: 60 Setting Depth: 60 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 11 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: _____

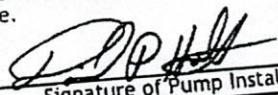
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

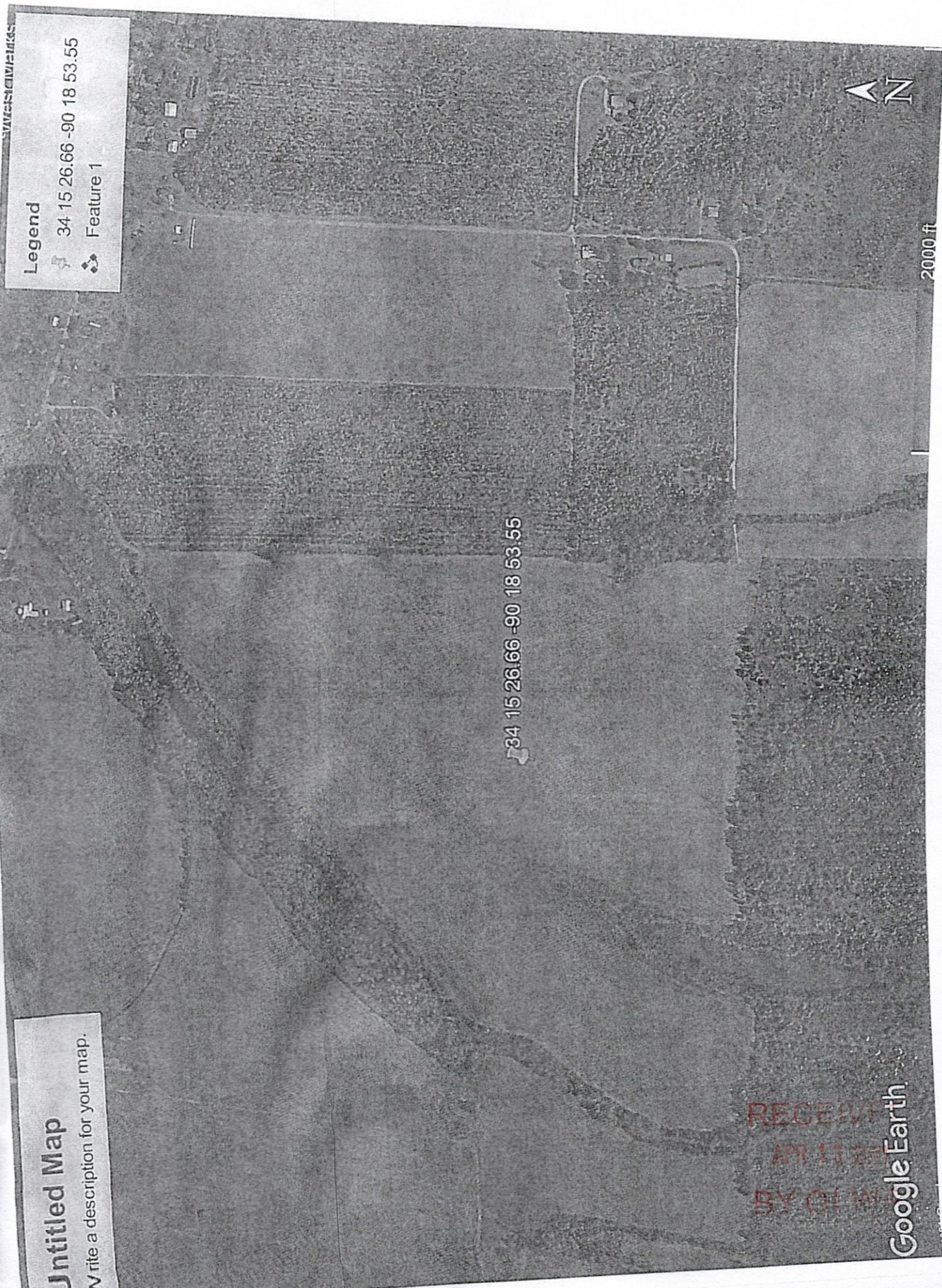
Is This Meter (circle one): New Repaired Replacement

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 
 Print Name of Pump Installer and License No. (if applicable) 0-752P Date _____ Signature of Pump Installer
 Form: OLWR-SWR-2A (4/13)

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34 15 26.66 -90 18 53.55

Legend

34 15 26.66 -90 18 53.55

Feature 1



2000 ft

34 15 26.66 -90 18 53.55

Untitled Map

Write a description for your map.

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Google Earth

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-51139
Total Permitted Acreage: 89

Landowner Name: CARTER, BILL
Landowner Address: 108 PROCTOR
HELENA, AR 72342

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NE 1/4 Section: 32 Township: 28N Range: 01W

County: QUITMAN Quad: MARKS

Permitted Acreage: Irrigation: 89 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: CARTER, BILL
Applicant Address: 108 PROCTOR
HELENA, AR 72342

Date Permit Issued: 05/22/2020
Date Permit Expires: 05/22/2025
Date Permit Modified:
Date Permit Reissued:

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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 1 which is hereby declared part of this permit.

Kay White