

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: G 159
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Quitman
 Permit # MS-GW-50716
 Driller: Chad Mattox
 Date drilling completed: 4-29-19

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ford Tru</u>	Latitude: <u>31° 13' 58"</u> Longitude: <u>90° 26' 48"</u>
Mailing Address: <u>PO Box 64</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lyon</u> <u>MS</u> <u>38645</u> City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>07</u> Twn <u>27N</u> Rng <u>02W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5.4</u> Miles <u>NE</u> of <u>Lyon</u>

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Well / Borehole Data

Date drilling started: 4-29-19 Date drilling completed: 4-29-19 Hole depth: 105' Hole diameter: 1

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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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 one): Home ___ Industrial ___ Public Supply ___ Irrigation Fish Culture ___ Other: _____

If a flowing well, method of flow regulation: Valve ___ Other (describe) _____

Static Water Level: 28' feet above or below (circle one) land surface Date measured: 4-29-19

Method of Measurement (circle one) steel tape electric tape air line other: _____

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

Casing length: 65' feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →	
20	casing
20	casing
20	casing
5	casing
20	screen
20	screen

Description of Formations Encountered	From (depth)	To (depth)
top soil	Ground Level	10
fine sand	10	20
clay + fine sand + med. sand	20	30
med. sand	30	40
" "	40	50
" "	50	60
" "	60	70
med. sand + pea gravel + gravel	70	80
" " " " "	80	90
" " " " "	90	100
" " " " "	100	105

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) a north arrow.

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Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I 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

Chad McHox UNR-8243 5/1/19 [Signature] X
Print Name of Responsible Licensee and License No. Date 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)

County: Quitman
 Permit #: MS-GW-50716
 Driller: Chad Mattox
 Date completed: 4-29-19
 Copy information from block on Part 1

For Office Use Only:
 Well #: 6159
 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>Ford Tru</u>	Latitude: <u>34 13 58</u> Longitude: <u>90 26 48</u>
Mailing Address: <u>PO Box 64</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lyon</u> City <u>MS</u> State <u>38645</u> Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. (_____)	<u>NW 1/4 NW 1/4, Sec 07 T27N R 02W</u> <u>5.4</u> Miles <u>NE</u> of <u>Lyon</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-30-19 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 15 Setting Depth: 60 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): 28 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 (circle 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: _____

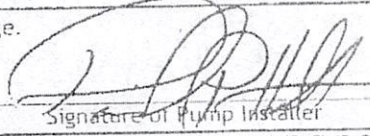
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 5-13-19 
 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

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-50716

Total Permitted Acreage: 114

Landowner Name: LUSK, CHARLOTTE

Landowner Address: PO BOX 64
LYON, MS 38645

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NW 1/4 Section: 07 Township: 27N Range: 02W

County: QUITMAN Quad: SABINO

Permitted Acreage: Irrigation: 114 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: TRU, FORD

Applicant Address: PO BOX 64
LYON, MS 38645

Date Permit Issued: 04/10/2019

Date Permit Expires: 04/10/2024

Date Permit Modified:

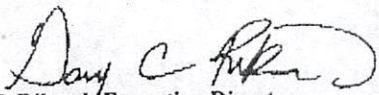
Date Permit Reissued:

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 I:

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

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Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality