

STATE WELL REPORT

154

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County: <u>Quitman</u>
Permit #: <u>GW-50682</u>
Driller: <u>Joel Jumper</u>
Date drilling completed: <u>3-17-20</u>

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)961-5555
(601)961-5228 (fax)

For Office Use Only:	
Well #: <u>L 947</u>	E-Log #: _____
Aquifer: _____	_____

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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Charles Clark</u></p> <p>Mailing Address: <u>Po Box 604</u> <u>Louisville MS 39339</u></p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>34-09-11</u> Longitude: <u>90-20-00</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>NE</u> ¼ <u>SE</u> ¼, Sec <u>06</u> T <u>26N</u> R <u>01W</u></p> <p><u>4.40</u> Miles <u>SW</u> of <u>Lambert</u> <i>(Distance) (Direction) (Nearest Town)</i></p>
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Well / Borehole Data
<p>Date drilling started: <u>3-7-20</u> Date drilling completed: <u>3-7-20</u> Hole depth: <u>116</u> Hole diameter: <u>2 1/2 in</u></p> <p>Location of the source of any surface water used for drilling: <u>Nearest Well</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: _____</p> <p>Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____</p> <p style="text-align: center;"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p>

<p>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</p> <p>Other (describe): _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>22</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>3-12-20</u> <i>(check one)</i></p> <p>Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____</p> <p>Well depth: <u>116</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix</p> <p>Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u></p> <p>Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u></p> <p>Screen slot size: <u>0.50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet</p> <p>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</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet</p> <p style="text-align: center;"><i>If telescoped or more than one screen, describe on next page</i></p>

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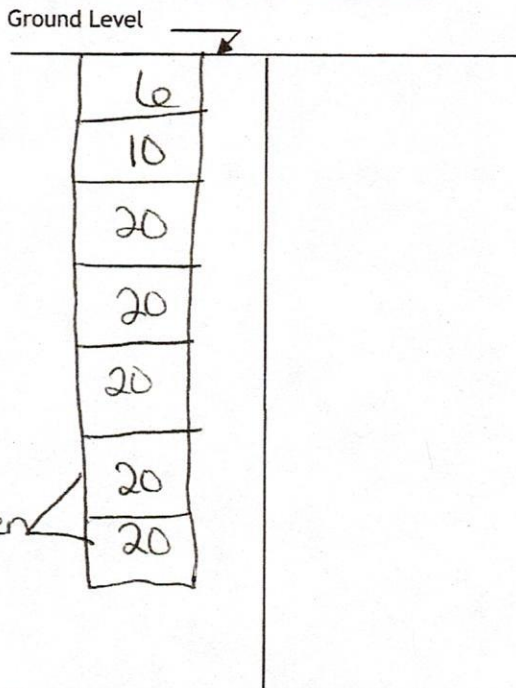
County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

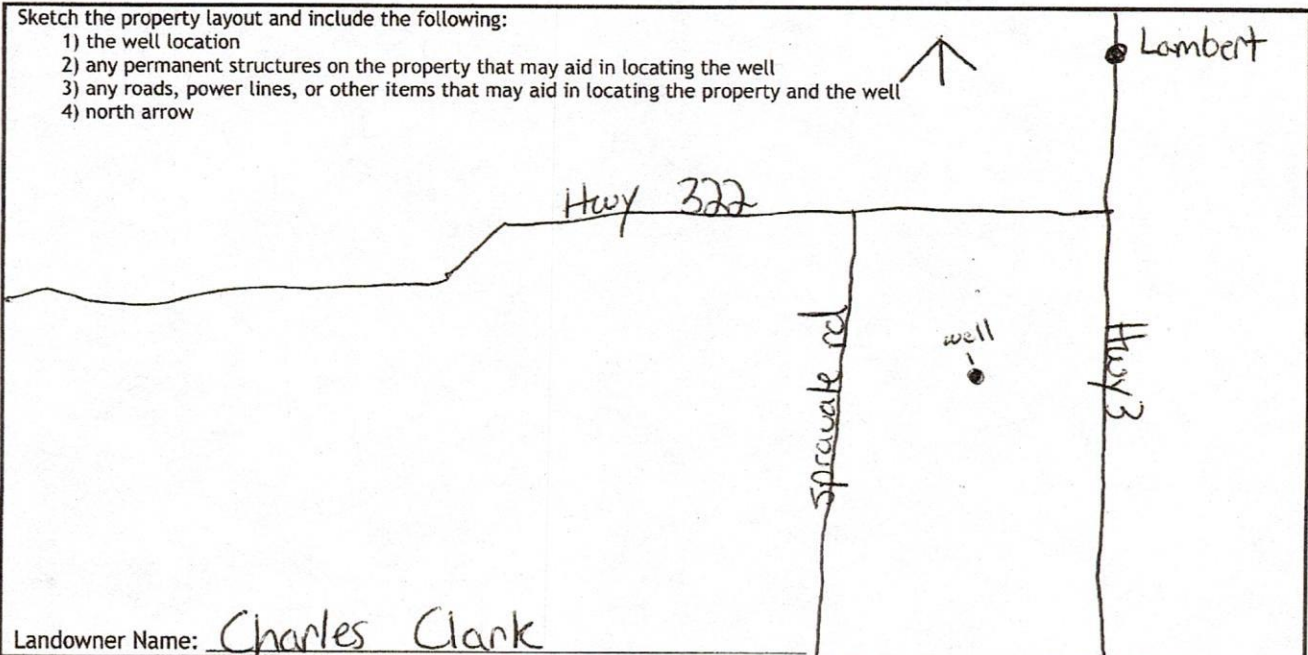
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	20
gumbo	20	40
Course sand	40	60
Course sand	60	80
Course sand	80	100
Sand + gravel	100	116
gumbo	116	117

If more than one screen, show location of each on sketch



Landowner Name: Charles Clark

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.

Joel Jumper 5317 3-11-20 Gael G...
 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)

For Office Use Only:

Well #: L940LWR
 Aquifer: _____

County: Quitman
 Permit #: GW-50682
 Driller: Joel Jumper
 Date completed: 3-7-20
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>Charles Clark</u>	Latitude: <u>34-09-11</u> Longitude: <u>90-20-00</u>
Mailing Address: <u>Po Box 604</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Louisville</u> City <u>Ms</u> State <u>39339</u> Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>06</u> T <u>26N</u> R <u>01W</u>
Telephone No. (____) _____	<u>4.40</u> Miles <u>SW</u> of <u>Lambert</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 3-12-20 Rated Pump Capacity: 2,200 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 3-12-20 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 22 Feet Below Land Surface Pumping Water Level (B): 34 Feet Below Land Surface

Drawdown [(B) - (A)]: 34 Feet Below Land Surface Test Pumping Rate: 2,200 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: McCrometer 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: 3-12-20 Meter installed by: Joel Jumper

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.

Joel Jumper 5317 3-12-20 [Signature]
 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

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PERMIT
TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

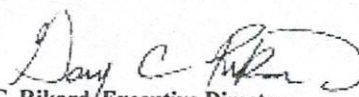
This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq.(1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications 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-50682 Total Permitted Acreage: 110
Landowner Name: CLARK, CHARLES
Landowner Address: PO BOX 604
LOUISVILLE, MS 39339
Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION
Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 06 Township: 26N Range: 01W
County: QUITMAN Quad: LAMBERT
Permitted Acreage: Irrigation: 110 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment I)
Applicant Name: RATZLAFF, NOLAN
Applicant Address: 4880 JONESTOWN CLAREMONT ROAD
CLARKSDALE, MS 38614

Date Permit Issued: 03/18/2019
Date Permit Expires: 03/18/2024
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 1:
See Attachment I which is hereby declared part of this permit.


Gary C. Rikard Executive Director
Mississippi Department of Environmental Quality