

# 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 #: A 248  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Sharkey  
Permit #: GW-49130  
Driller: S. Newcome 0-773  
Date drilling completed: 3/5/16

*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>Reality Partnership II</u>	Latitude: <u>33 05 38</u> Longitude: <u>90 52 52</u>
Mailing Address: <u>P.O. Box 273</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Stoneville</u> MS <u>38776</u>	<u>SE</u> <sup>NE</sup> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>02</u> T <u>14N</u> R <u>07W</u>
City State Zip Code	<u>5</u> Miles <u>S</u> of <u>Hollandale</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3/5 Date drilling completed: 3/5 Hole depth: 123 Hole diameter: 24

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: Tablets

Logs run (circle 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 (circle 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: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 120 feet

Type of completion (circle 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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BY OLWR

County: Sharkey  
 Permit #: GW-49130  
 Driller: J. Newcome 0-773  
 Date completed: 3/5/16  
*Copy information from block on Part 1*

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

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A248  
 Elevation: \_\_\_\_\_

*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>Reality Partnership II</u>	Latitude: <u>33 05 38</u> Longitude: <u>90 52 52</u>
Mailing Address: <u>P.O. Box 273</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Stonerville MS 38776</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE NE 1/4 NE 1/4 Sec 02 T 14N R 07W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ of Nearest Town <u>Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<del>Diesel Engine</del> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<del>Electric Motor</del> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5/9/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

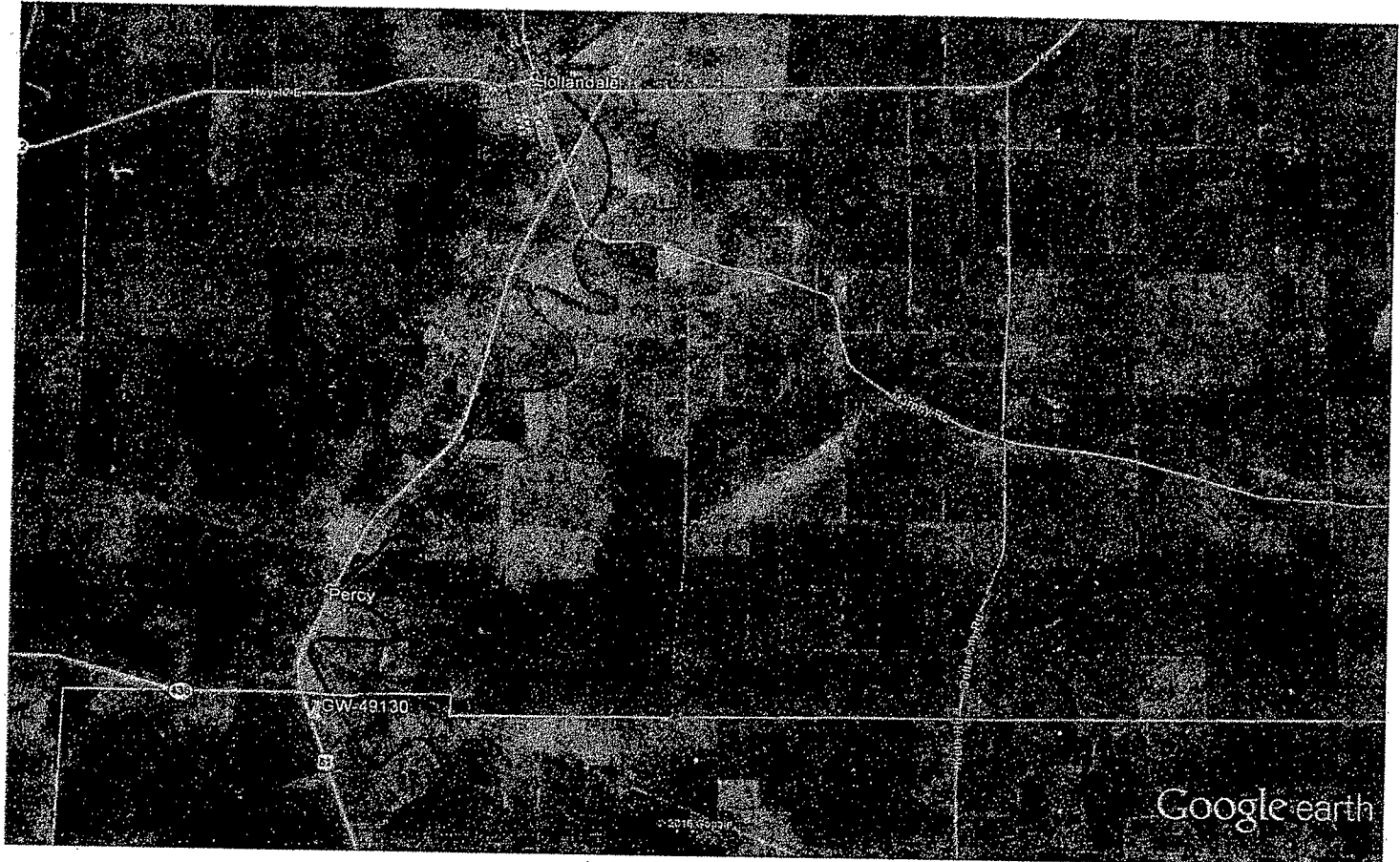
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>Tested</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

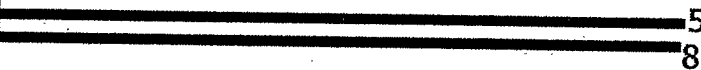
Hubbard Stephens 741-P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Google earth

miles  
km



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# STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

A248

## 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, lake level elevation, or static groundwater level (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-49130

**Landowner Name:** REALITY PARTNERSHIP II

**Landowner Address:** PO BOX 273

STONEVILLE MS 38776

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

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** SE 1/4 of the NE 1/4

**Section:** 02 **Township:** 14N **Range:** 07W

**County:** SHARKEY

**Quad:** PERCY

**Maximum Volume:** 188 Acre-Feet/Year *equivalent to* .1678 Million Gallons/Day

**Maximum Rate:** 2500 Gallons/Minute

**Applicant Name:** REALITY PARTNERSHIP II

**Applicant Address:** PO BOX 273

STONEVILLE MS 38776

**Date Permit Issued:** 11/05/2015

**Date Permit Expires:** 11/05/2020

**Date Permit Modified:**

**Date Permit Re-issued:**

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

**SPECIAL TERMS AND CONDITIONS:** SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

**SPECIAL TERMS AND CONDITIONS 2:**

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