

# 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 #: C 259

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Sharkey  
Permit #: 6W-49254  
Driller: J. Newcome O:773  
Date drilling completed: 6/6/16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lawrence Land Holdings</u>	Latitude: <u>32 55 31</u> Longitude: <u>90 54 18</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Scott</u> <u>MS</u> <u>38772</u>	<u>NE 1/4</u> <u>S15 1/4</u> , Sec. <u>34</u> T. <u>13N</u> R. <u>07</u>
City State Zip Code	<u>2</u> Miles <u>SE</u> of <u>Rolling Fork</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 6/6 Date drilling completed: 6/6 Hole depth: 117 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): \_\_\_\_\_ **RECEIVED**  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_ **MAR 16 2017**  
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: 115 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix  
Casing length: 65 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 65 feet to 50 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



# 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 #: C259  
Aquifer: \_\_\_\_\_

County: Sharkey  
Permit #: OLWR 49254  
Driller: J. Newcome 0773  
Date completed: 6/16/16  
**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>Lawrence Land Holdings</u>	Latitude: <u>32 55 31</u> Longitude: <u>90 54 18</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Scott</u> <u>MS</u> <u>38772</u>	<u>NE 1/4 SW 1/4, Sec 34 T13N R07W</u>
City State Zip Code	<u>2</u> Miles <u>SE</u> of <u>Rolling Park</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible  Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 6/7/16 Rated Pump Capacity: 2500 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
Electric  Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 60<sup>hp</sup> Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hour  
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: 2000 Gallons Per Minute  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 2000

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet. Not tested  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping BY OLWR

**Meter Installation**  
Meter Manufacturer: Mcrometer Meter Serial Number: 16-01829  
Meter Model Number/Name: M030 Type of Meter: Propeller  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF x .001  
Installation Date: 6/7/16 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.

Hubbard Stephens 741-P 7/15/16 Hubbard Stephens  
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

C259

**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-49254

**Landowner Name:** LAWRENCE LAND HOLDINGS

**Landowner Address:** PO BOX 1  
SCOTT MS 38772

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

**Beneficial Use:** IRRIGATION

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

**Section:** 34 **Township:** 13N **Range:** 07W

**County:** SHARKEY

**Quad:** ROLLING FORK WEST

**Maximum Volume:** 459 Acre-Foot/Year *equivalent to* .4097 Million Gallons/Day

**Maximum Rate:** 3000 Gallons/Minute

**Applicant Name:** LAWRENCE LAND HOLDINGS

**Applicant Address:** PO BOX 1  
SCOTT MS 38772

**Date Permit Issued:** 01/29/2016

**Date Permit Expires:** 01/29/2021

**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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MAR 16 2017

BY CRI



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