

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 #: G172
 Aquifer: _____
 E-Log #: _____

County: Sharkey
 Permit #: GW-49520V
 Driller: J. Newcome 0-773
 Date drilling completed: 7/14/16

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.

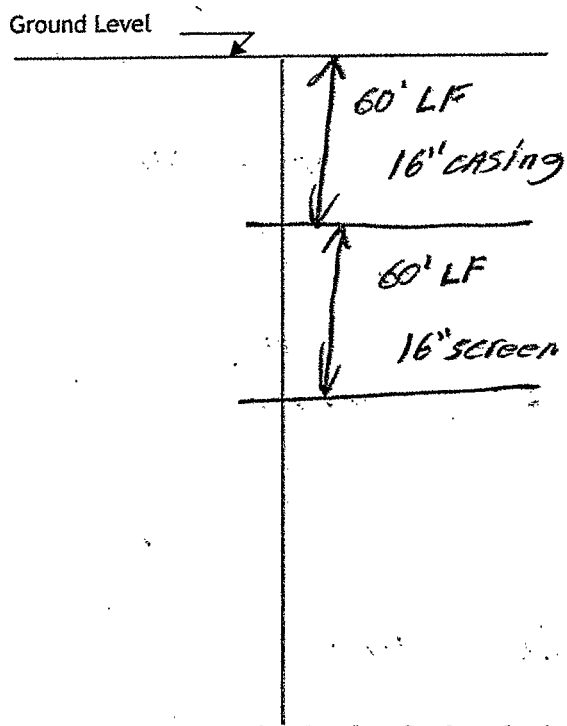
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Cary Associates</u>	Latitude: <u>32° 47' 57"</u> Longitude: <u>090° 57' 34"</u>
Mailing Address: <u>P.O. Box 187</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cary</u> City	<u>NE 1/4 SW 1/4</u> , Sec <u>18</u> T. <u>11N</u> R. <u>07W</u>
<u>MS</u> State	<u>2</u> Miles <u>W</u> of <u>CARY, MS</u>
<u>39054</u> Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. () _____	

Well / Borehole Data	
Date drilling started: <u>7-14-16</u>	Date drilling completed: <u>7-14-16</u> Hole depth: <u>122</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>chlorine tablets</u>	
Logs run (circle 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="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>BY OLWR</u>	
Static Water Level: _____ feet [above or below] land surface: _____ Date measured: _____ (circle one)	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</u> feet	
Type of completion (circle 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	
If telescoped or more than one screen, describe on next page	

County: Sharkey
 Permit #: _____

For Office Use Only:
 Well #: 6172

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)
<u>Top soil</u>	<u>Ground level</u>	<u>10</u>
<u>clay</u>	<u>10</u>	<u>55</u>
<u>med sand</u>	<u>55</u>	<u>73</u>
<u>sand</u>	<u>73</u>	<u>85</u>
<u>med sand</u>	<u>85</u>	<u>92</u>
<u>med sand</u>	<u>92</u>	<u>110</u>
<u>med coarse</u>	<u>110</u>	<u>120</u>
<u>Bottom</u>	<u>120</u>	<u>122</u>

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

see MAP

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.

JOHN NEWCOME 0-7773 9-2-16 John New
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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STATE WELL REPORT BY OLWR

County: Sharkey
 Permit #: GW-49520
 Driller: J. Newcome 0-773
 Date completed: 7/14/16
Copy information from block on Part 1

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 #: G172
 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>Cary Associates</u>	Latitude: <u>32 47 59</u> Longitude: <u>90 57 34</u>
Mailing Address: <u>P.O. Box 187</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cary</u> <u>MS</u> <u>39054</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ^{NE} <u>1/4 SW</u> <u>1/4 Sec 18 T11N R07W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>Cary</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/15/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	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): <u>Not Tested</u> Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Pumping Water Level (B): <u>Not Tested</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ 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	

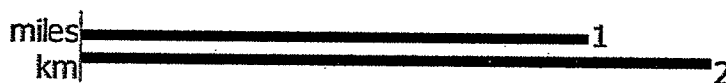
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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



Google earth



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BY [unclear]

STATE OF MISSISSIPPI

6172

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, 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-49520

Landowner Name: CARY ASSOCIATES

Landowner Address: PO BOX 187

CARY

MS 39054

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the SW 1/4

Section: 18 **Township:** 11N **Range:** 07W

County: SHARKEY

Quad: CARY

Maximum Volume: 255 Acre-Foot/Year *equivalent to* .2276 Million Gallons/Day

Maximum Rate: 2500 Gallons/Minute

Applicant Name: CARY ASSOCIATES

Applicant Address: PO BOX 187

CARY

MS 39054

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Date Permit Issued: 07/13/2016

Date Permit Expires: 07/13/2021

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:



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