

# STATE WELL REPORT

144

County: SUNFLOWER  
 Permit #: GW-51699  
 Driller: CHAD MATTOX  
 Date drilling completed: 7/21/21

**Part I**  
**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 102  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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*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>DAVID FISHER</u>	Latitude: <u>33.940833</u> Longitude: <u>-90.648611</u>
Mailing Address: <u>P.O. BOX 104</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>IVERNESS</u> MS <u>38753</u>	<u>SW NE NE NW</u> 1/4, Sec. <u>19</u> T <u>24N</u> R <u>04W</u>
City State Zip Code	<u>7</u> Miles <u>E</u> of <u>SHELBY</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7/21/21 Date drilling completed: 7/21/21 Hole depth: 100 Hole diameter: 24

Location of the source of any surface water used for drilling: NEARBY WELL

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check 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 (check 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: 30 feet  above /  below land surface Date measured: 7/21/21  
(select one)

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

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 100 feet

Type of completion (check 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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21-0632

An Farm Group

State of Mississippi

TATE REEVES  
Governor

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHRIS WELLS, EXECUTIVE DIRECTOR

July 12, 2020

David Fisher  
P.O. BOX 104  
Inverness, Mississippi 38753

RE: Emergency Authorization  
Permit Number - MS-GW-51699  
Sunflower County, Mississippi

Dear Mr. Fisher,

The Mississippi Department of Environmental Quality (MDEQ) has reviewed your request for an emergency authorization to drill a water well in association with the pending groundwater withdrawal permit MS-GW-51699. Currently this permit is pending, due to the 10 day public comment period. MDEQ will grant the emergency authorization to drill and withdraw groundwater at the proposed location. Please be advised that if there are adverse comments received concerning this withdrawal permit, MDEQ may not issue this permit and you will be required to plug and abandon this water well. If you have any questions or comments please feel free to contact me at (601) 961-5775.

Sincerely,

Chris Hawkins, P.E., Division Chief  
Permitting, Certification and Compliance Division

Cc: Kristen Sorrell, P.G., MDEQ  
Cc: Dillard Melton, YMD

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County: SUNFLOWER  
Permit #: GW-51699

For Office Use Only:  
Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

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)
	Ground level	10
FINE SAND	10	35
COARSE SAND	35	40
COARSE SAND & MED SAND	40	65
COARSE SAND	65	75
MED SAND & PEA GRAVEL	75	95
CLAY	95	100

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

Landowner Name: \_\_\_\_\_

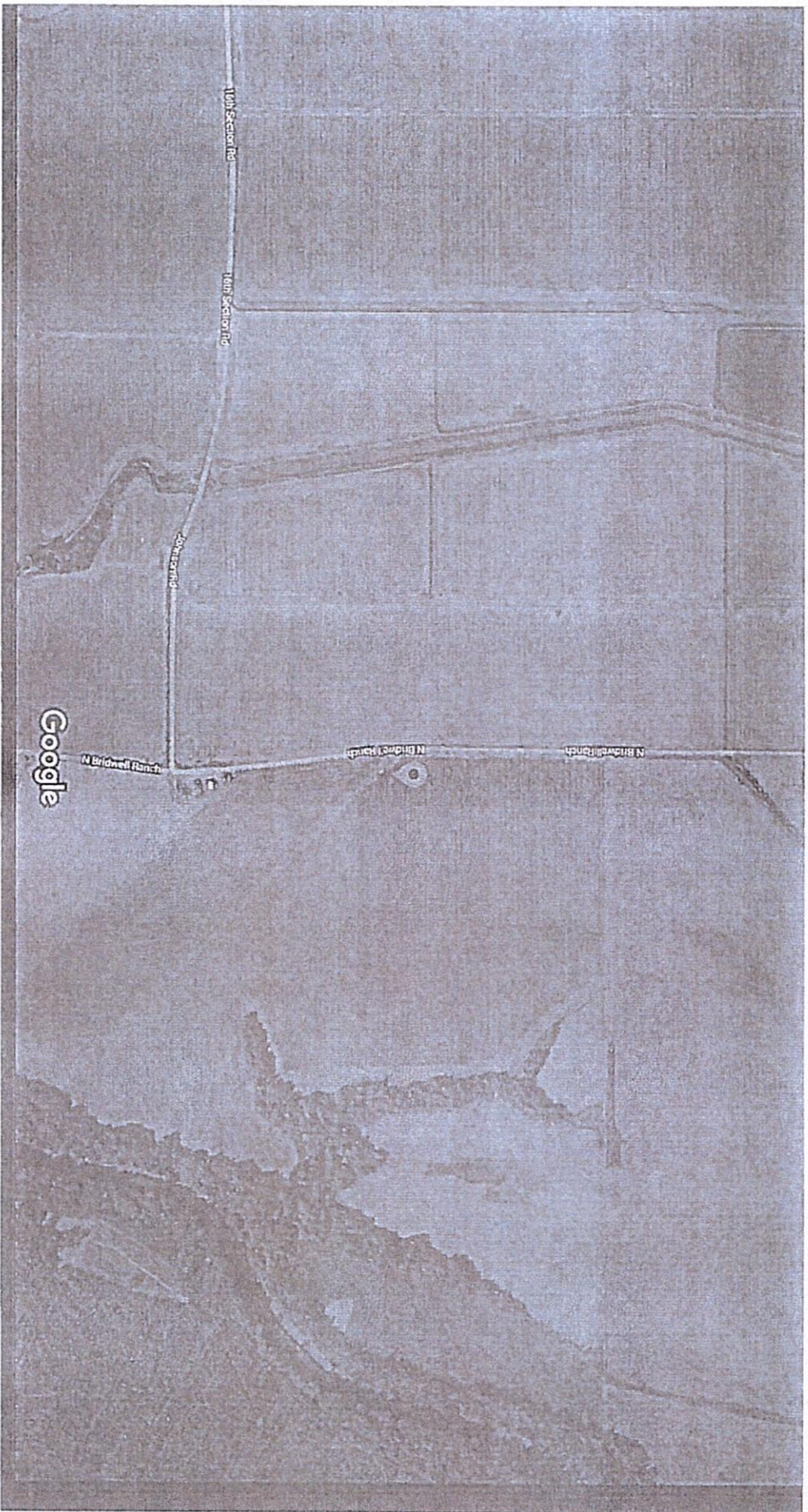
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

CHAD MATTOX UNR 8243 9/15/21 [Signature]  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

CIRCLE S IRRIGATION INC. TO INSTALL PUMP

Google Maps 33°56'27.0"N 90°38'55.0"W



Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021



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# 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: <u>SUNFLOWER</u>
Permit #: <u>GW-51699</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>7/21/21</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>A</u>
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>DAVID FISHER</u>	Latitude: <u>33.940833</u> Longitude: <u>-90.648611</u>
Mailing Address: <u>P.O. BOX 104</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>IVERNESS</u> MS <u>38753</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec. <u>19</u> T. <u>24N</u> R. <u>04W</u>
City State Zip Code	<u>7</u> Miles <u>E</u> of <u>SHELBY</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>7/22/21</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement

Power Type (select one)
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>30</u> 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 (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement
<i>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>

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
David P. Holt	0-752P	7/30/21
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer