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# State Well Report

## Part I - Driller's Log

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 #: B 141  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Miss Sunflower  
Permit #: MS-61050724  
Driller: TEDDY Coats  
Date drilling completed: 6-1-19

*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.*

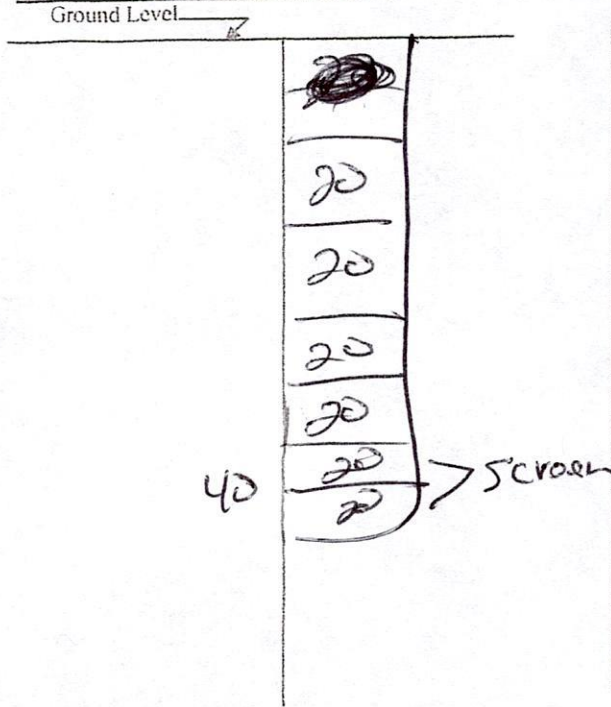
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Maal MDOC</u>	Latitude: <u>33° 55' 07"</u> Longitude: <u>90° 30' 50"</u>
Mailing Address: <u>Highway 49 West</u> <u>Parchman MS 38738</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	NW ¼ SW ¼ Sec <u>28</u> Twn <u>24N</u> Rng <u>03W</u>
	Distance _____ Direction _____ Nearest Town _____ Miles of _____
<b>Well / Borehole Data</b>	
Date drilling started: <u>6-1-19</u> Date drilling completed: <u>6-1-19</u> Hole depth: <u>120</u> Hole diameter: <u>38</u>	
Location of the source of any surface water used for drilling: <u>Nearest well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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 (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve <input type="checkbox"/> Other (describe) _____	
Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>6-1-19</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
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 Mix	
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C</u>	
Screen length: <u>40</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>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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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)
Dirt	Ground Level	10
Dirt	10	20
Devil Sand	20	40
Coarse Sand	40	60
Coarse Sand	60	80
Coarse Sand	80	100
Coarse Sand	100	120
Shell	110	120

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) a north arrow.

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Landowner Name: MPAE MDDC

Form: OI.WR-SWR-1A (04/08)

I 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.

Terry Coats 5318  
Print Name of Responsible Licensee and License No.

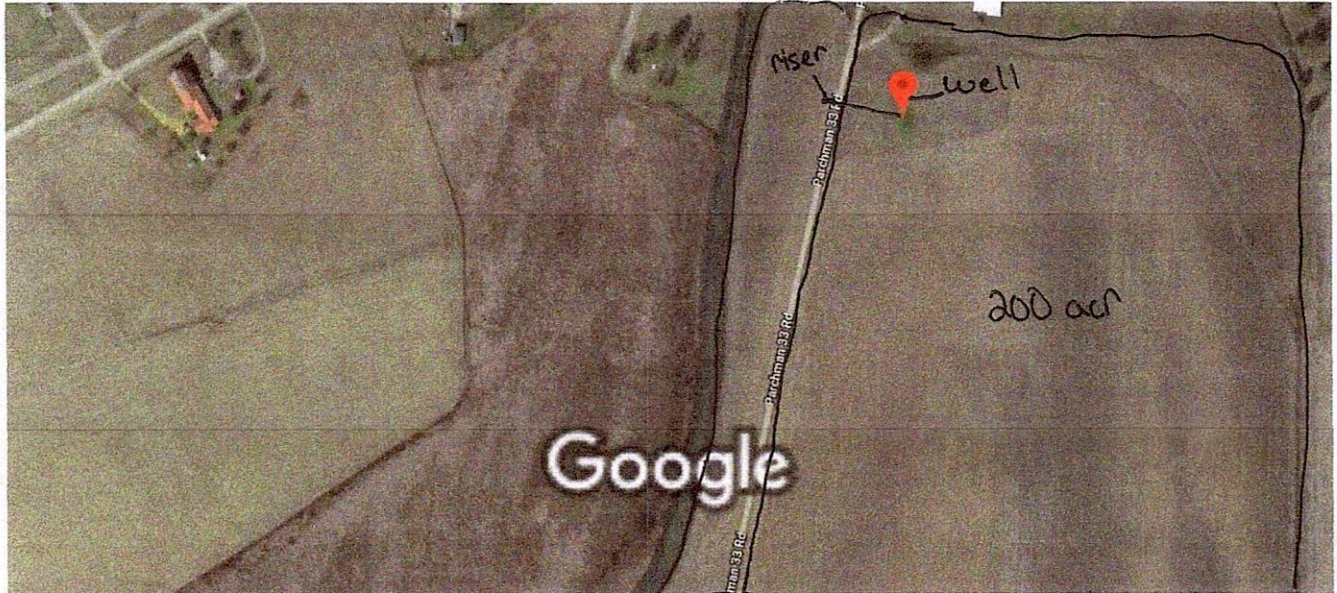
6-1-19  
Date

Terry Coats  
Signature of Licensee



Google Maps

33°55'07.1"N 90°  
30'58.0"W



Imagery ©2019 DigitalGlobe, State of Arkansas, 200 ft

USDA Farm Service Agency, Map data ©2019

Google

Sunflower County

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

County: San Flor  
 Permit #: MS GW 5824  
 Driller: TEDDY COATS  
 Date completed: 6-1-19  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B 141  
 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>M PAE-MDOC</u>	Latitude: <u>33 55 07</u> Longitude: <u>90 30 58</u>
Mailing Address: _____ <u>Hwy 49 West</u> <u>Parchman MS 38738</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW 1/4 SW 1/4 Sec T24N R 03W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ Nearest Town <u>Thorn</u> <u>over town</u> <span style="float: right;"><i>inside Parchman</i></span>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<del>Diesel Engine</del> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 HP</u> <span style="float: right;"><i>V.A. PA</i></span>
Date Pump Installed: <u>6-1-19</u>	Setting Depth: <u>0-70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2 Stages</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-1-19</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>2500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY COATS 5318      Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable)      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

**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 alienated, 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-50724 **Total Permitted Acreage:** 200

**Landowner Name:** MPAE-MDOC  
**Landowner Address:** HIGHWAY 49 WEST  
PARCHMAN, MS 38738

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NW 1/4 of the SW 1/4 **Section:** 28 **Township:** 24N **Range:** 03W

**County:** SUNFLOWER **Quad:** BALTZER

**Permitted Acreage:** **Irrigation:** 200 **Fish Culture:** 0 **Wildlife Management:** 0

**Maximum Volume:** See Special Terms And Conditions (attachment I)

**Applicant Name:** LIVINGSTON, WILLIAM  
**Applicant Address:** 72 WARD RIDDICK ROAD  
TUTWILER, MS 38963

**Date Permit Issued:** 05/01/2019

**Date Permit Expires:** 05/01/2024

**Date Permit Modified:**

**Date Permit Reissued:**

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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