

114

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 #: 0249
Aquifer: _____
E-Log #: _____

County: SUNFLOWER
 Permit #: GW-51210
 Driller: CHAD MATTOX
 Date drilling completed: 10/23/20

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>WILLIE KNIGHTEN</u>			Latitude: <u>33 31 51N</u>	Longitude: <u>90 31 50 W</u>	
Mailing Address: <u>300 W WASHINGTON</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/>		
USGS quad <u>SE</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>08</u> T <u>19N</u> R <u>03W</u>			USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>		
<u>MOORHEAD</u>	<u>MS</u>	<u>38761</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
City	State	Zip Code			
Telephone No. (____) _____					

Well / Borehole Data

Date drilling started: 10/23/20 Date drilling completed: 10/23/20 Hole depth: 105 Hole diameter: 19

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

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: 31 feet above / below land surface Date measured: _____
 (select one)

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 65 feet to 105 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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BY [signature]

STATE OF MISSISSIPPI
 Department of Environment Quality
 Office of Land and Water Resources
 P.O. Box 6498
 Jackson, Mississippi 39205

PERMIT
 TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued under authority vested in the Department of the Mississippi State Land, Inheritance and Other Services, Mississippi Code Sections 17-1-1, et seq. as amended, and the regulations and standards in promulgated pursuant thereto. The Department is not responsible for the accuracy of the information for this permit, nor for the compliance of the permittee with the conditions of this permit. The Department is not responsible for the accuracy of the information for this permit, nor for the compliance of the permittee with the conditions of this permit. The Department is not responsible for the accuracy of the information for this permit, nor for the compliance of the permittee with the conditions of this permit.

Permit Number: MS-OW-31210
 Landowner Name: KNIGHTEN, WILLIE
 Landowner Address: 300 W. WASHINGTON MOORHEAD, MS 38761
 Source of Water: MISSISSIPPI RIVER VALLEY ANNUAL AVERAGE
 Beneficial Use(s): IRRIGATION
 Division/Withdrawal Location: Section 14 of the NW 1/4 Section 20 Township 19N Range 10W
 County: SUNFLOWER Quad: MOOTOWER
 Permitted Average: Irrigation: 15 Fish Culture: 5 Wildlife Management: 0
 Maximum Volume: See Special Terms And Conditions (attached sheet 1)
 Applicant Name: KNIGHTEN, WILLIE
 Applicant Address: 300 W. WASHINGTON MOORHEAD, MS 38761
 Date Permit Issued: 07/01/2020
 Date Permit Expires: 07/01/2025
 Date Permit Modified:
 Date Permit Reissued:

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:
 See Attachment 1 which is hereby declared part of this permit.

[Handwritten Signature]

300 W Washington
~~Moorehead~~
 Moorhead, MS 38761

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County: SUNFLOWER
Permit #: GW-51210

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \nearrow

5	CASING
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
CLAY	10	20
CLAY	20	30
CLAY 31' MED SAND AND PEA GRAVEL	30	40
MEDIUM SAND AND PEA	40	50
MEDIUM SAND AND PEA	50	60
MEDIUM SAND AND PEA AND GRAVEL	60	70
MEDIUM SAND AND PEA AND GRAVEL	70	80
MEDIUM SAND AND PEA AND GRAVEL	80	90
MEDIUM SAND AND PEA AND GRAVEL	90	100
MEDIUM SAND AND PEA AND GRAVEL	100	105

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

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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 11/22/20 Chad Mattox
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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-51210</u>
Driller: <u>CHAD MATTOX</u>
Date completed: _____
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>0249</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>WILLIE KNIGHTEN</u>	Latitude: <u>33 31 51N</u> Longitude: <u>90 31 50 W</u>
Mailing Address: <u>300 W WASHINGTON</u>	Method of Lat/Long (select one): <u>33.531111</u> Conventional Survey <input checked="" type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
MOORHEAD MS 38761	SE <u>1/4</u> NW <u>1/4</u> , Sec <u>08</u> T <u>19N</u> R <u>03W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (select one)
<input checked="" 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>10/23/20</u> Rated Pump Capacity: <u>550</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 checked="" 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>10</u> Setting Depth: <u>65</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>31</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>

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


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Google Maps

420 Rain St, Clarksdale, MS to Sunflower County Consolidated School District, Mississippi

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Drive 50.0 miles, 55 min



 via US 49 S and Hwy 3 S
Fastest route, the usual traffic

55 min
50.0 miles

20-105

Imagery ©2020 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020

500 ft