

19-0822

140

# 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 #: D 119  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: TALLAHATCHIE  
Permit #: GW-51040  
Driller: TOMMY PEACOCK  
Date drilling completed: 05/04/20

*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.*

<b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>SCOTTY MELTON</u> Mailing Address: <u>21 GREEN DRIVE</u> <u>TUTWILER</u> <u>MS</u> <u>38963</u> City                                      State                      Zip Code Telephone No. (____) _____			<b>Well or Borehole Location</b> Latitude: <u>34.054896N</u> Longitude: <u>90.259287W</u> Method of Lat/Long (check 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>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>11</u> T <u>25N</u> R <u>01W</u> _____ Miles _____ of _____ (Distance)                      (Direction)                      (Nearest Town)		
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<b>Well / Borehole Data</b> Date drilling started: <u>05/04/20</u> Date drilling completed: <u>05/04/20</u> Hole depth: <u>115</u> Hole diameter: <u>24</u> 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): <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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>25</u> feet <input type="radio"/> above/ <input type="radio"/> below land surface Date measured: <u>05/04/2020</u> (select one) 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): _____ Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.032</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" 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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County: TALLAHATCHIE  
 Permit #: GW-51040

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

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground Level	
20	CASING
40	CASING
60	CASING
75	CASING
95	SCREEN
105	SCREEN
115	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/12' FINE SAND	10	20
25' MEDIUM SAND	20	30
32' MEDIUM SAND, PEA GRAVEL	30	40
32' MEDIUM SAND, PEA GRAVEL	40	50
32' MEDIUM SAND, PEA GRAVEL	50	60
32' MEDIUM SAND, PEA GRAVEL	60	70
32' MEDIUM SAND, PEA GRAVEL	70	80
32' MEDIUM SAND, PEA GRAVEL	80	90
32' MEDIUM SAND, PEA GRAVEL	90	100
MEDIUM SAND & PEA GRAVEL & GRAVEL	100	110
MEDIUM SAND & PEA & GRAVEL	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) 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.

TOMMIE PEACOCK                      UNR 00003408      5-25-20      [Signature]  
 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)

**For Office Use Only:**

Well #: D 119

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

County: <u>TALLAHATCHIE</u>
Permit #: <u>GW-51040</u>
Driller: <u>TOMMY PEACOCK</u>
Date completed: <u>05/04/20</u>
<i>Copy information from block on Part 1</i>

*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>SCOTTY MELTON</u>	Latitude: <u>34.054896N</u> Longitude: <u>90.259287W</u>
Mailing Address: <u>21 GREEN DRIVE</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>TUTWILER</u> <u>MS</u> <u>38963</u>	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>11</u> T <u>25N</u> R <u>01W</u>
City                                      State                                      Zip Code	_____ Miles _____ of _____ (Distance)                      (Direction)                      (Nearest Town)
Telephone No. (____) _____	

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>05/04/20</u> Rated Pump Capacity: <u>850</u> Gallons Per Minute
Is This Pump (select one): <input 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>80</u> Setting Depth: <u>70</u> feet                      Number of Stages: <u>3</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____                      Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>25</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
<b>Important:</b> By submitting the above information you are certifying that this meter was installed to manufacturer standards. <i>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	_____	_____
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

# 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 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 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-51040 **Total Permitted Acreage:** 80

**Landowner Name:** NOWLIN, WILLIAM W  
**Landowner Address:** 44 NORTH 2ND STREET  
900  
MEMPHIS, TN 38103

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

**Beneficial Use(s):** IRRIGATION

**Diversion/Withdrawal Location:** NE 1/4 of the NE 1/4 **Section:** 11 **Township:** 25N **Range:** 01W

**County:** TALLAHATCHIE **Quad:** VANCE

**Permitted Acreage:** **Irrigation:** 80 **Fish Culture:** 0 **Wildlife Management:** 0

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

**Applicant Name:** MELTON, SCOTTY  
**Applicant Address:** 21 GREEN DRIVE  
TUTWILER, MS 38963

**Date Permit Issued:** 01/23/2020

**Date Permit Expires:** 01/23/2025

**Date Permit Modified:**

**Date Permit Reissued:**

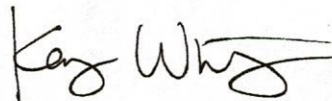
This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

**SPECIAL TERMS AND CONDITIONS 1:**

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): MS-SW-03654, MS-SW-03655

**SPECIAL TERMS AND CONDITIONS 2:**

See Attachment I which is hereby declared part of this permit.



Kay Whittington, Director

Office of Land and Water Resources

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