

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)

145

For Office Use Only:

Well #: E 89
Aquifer: _____
E-Log #: _____

County: TALLAHATCHIE
Permit #: GW-42266
Driller: CHAD MATTOX
Date drilling completed: 6/20/19

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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>LONG, BILL AND JIMMY</u>	Latitude: <u>34 03 3.8</u> Longitude: <u>90 14 13.4</u>
Mailing Address: <u>232 PORTER DR</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>CLARKSDALE</u> MS <u>38614</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>7</u> T <u>25N</u> R <u>1E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>902-2407</u>	

Well / Borehole Data

Date drilling started: 6/20/19 Date drilling completed: 6/20/19 Hole depth: 118 Hole diameter: 24

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: 18 feet above/ below land surface Date measured: 6/20/19
(select one)

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

Well depth: 118 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 78 feet to 118 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

RECEIVED
JUL 23 2019
BY OLWR

County: TALLAHATCHIE
Permit #: GW-42266

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

CASING	20
CASING	40
CASING	60
CASING	78
SCREEN	98
SCREEN	118

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
COURSE	10	20
CLAY AND FINE SAND	20	30
CLAY AND FINE SAND	30	40
MED SAND	40	50
MED SAND	50	60
MED SAND AND PEA GRAVEL	60	70
MED SAND AND PEA GRAVEL	70	80
MED SAND AND PEA GRAVEL	80	90
GRAVEL	90	100
MED SAND AND GRAVEL	100	110
MED SAND AND GRAVEL	110	118

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

RECEIVED
JUL 23 2019
BY OLWR

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 7/10/19 [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 #: E 89
 Aquifer: _____

County: TALLAHATCHIE
 Permit #: GW-42266-
 Driller: CHAD MATTOX
 Date completed: 6/21/19
Copy information from block on Part 1

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>LONG, BILL AND JIMMY</u>	Latitude: <u>34 03 3.8</u> Longitude: <u>90 14 13.4</u>
Mailing Address: <u>232 PORTER DR</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>CLARKSDALE</u> MS <u>38614</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>7</u> T <u>25N</u> R <u>1E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>902-2407</u>	

Pump Type (select one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6/21/19 Rated Pump Capacity: 850 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 15 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 18 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): Steel tape Electric tape Air line 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): New Repaired Replacement

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

David P. Holt 0-752P 7/20/19 _____
 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

CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT: MRVA-002
TO WITHDRAW Groundwater from the Mississippi River Valley Alluvial Aquifer
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

Permit Coverage Number: MS-GW-42266

Landowner Name: LONG, BILL AND JIMMY
Landowner Address: 232 PORTER DRIVE
CLARKSDALE MS 38614

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Withdrawal Location: NE ¼ of the NW ¼ of Section: 18 Township: 25N Range: 01E

County: TALLAHATCHIE Quad: FISHHOOK LAKE

Maximum Volume: 660 Acre-Foot/Year
Maximum Rate: 2200 Gallons/Minute


Applicant Name: LONG, BILL AND JIMMY
Applicant Address: 232 PORTER DRIVE
CLARKSDALE MS 38614

Date Original Permit Issued: 4/14/2008
Date Coverage Granted: 3/8/2019
Date Coverage Modified:
Date Coverage Expires: 3/8/2024

RECEIVED
JUL 23 2019
BY OLWR

SPECIAL TERMS AND CONDITIONS 1: 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

19-0013