

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 #: J127
Aquifer: MRVA
E-Log #: _____

RECEIVED
08-08-2019
BY OLWR

County: TALLAHATCHIE
Permit #: GW-50835
Driller: CHAD MATTOX
Date drilling completed: 7/23/19

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>WALKER STURDIVANT</u>	Latitude: <u>33 54 23.14N</u> Longitude: <u>90 16 02.42W</u>
Mailing Address: <u>PO BOX 230</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>GLENDORA</u> <u>MS</u> <u>38928</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>35</u> T <u>24N</u> R <u>01W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662-</u>) _____	

Well / Borehole Data

Date drilling started: 7/23/19 Date drilling completed: 7/23/19 Hole depth: 100 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: 38 feet above/ below land surface Date measured: 7/23/19
(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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .032 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

County: TALLAHATCHIE
Permit #: GW-50835

For Office Use Only:
Well #: J127

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level → ↘

CASING	20
CASING	40
CASING	60
SCREEN	80
SCREEN	100

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
FINE SAND	20	30
FINE SAND	30	40
MED SAND AND PEA GRAVEL	40	50
MED SAND AND PEA GRAVEL	50	60
MED SAND, PEA GRAVEL AND GRAVEL	60	70
MED SAND, PEA GRAVEL AND GRAVEL	70	80
MED SAND, PEA GRAVEL AND LARGE GRAVEL	80	90
MED SAND, PEA GRAVEL AND LARGE GRAVEL	90	100
	100	110
	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



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 8/8/19 [Signature] [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 #: J127
 Aquifer: _____

County: TALLAHATCHIE
 Permit #: GW-50835
 Driller: CHAD MATTOX
 Date completed: 7/26/19
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>WALKER STURDIVANT</u>	Latitude: <u>33 54 23.14N</u> Longitude: <u>90 16 02.42W</u>
Mailing Address: <u>PO BOX 230</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>GLENDORA</u> <u>MS</u> <u>38928</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City State Zip Code	_____ Miles _____ of _____
Telephone No. (<u>662-</u>) _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 7/26/19 Rated Pump Capacity: 500 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: 70 Setting Depth: 70 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 38 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 8/5/18 

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

19-0258 / 19-0281

RECEIVED
08-08-2019
BY OLWR

CERTIFICATE OF PERMIT COVERAGE

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

General Permit: MRVA-002
Certificate Number: MS-GW-50835
Total Permitted Acreage: 75

Landowner Name: STURDIVANT, WALKER
Landowner Address: PO BOX 230
GLENDORA, MS 38928

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the NE 1/4 Section: 35 Township: 24N Range: 01W
County: TALLAHATCHIE Quadrangle: WEBB

Permitted Acreage: Irrigation: 75 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: STURDIVANT, WALKER
Applicant Address: PO BOX 230
GLENDORA, MS 38928

Date Original Permit Issued: 07/12/2019
Date Coverage Expires: 07/12/2024
Date Coverage Modified:
Date Coverage Granted:

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

19-0258