

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 #: K 130
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: GW-50714
Driller: Chad Mattox
Date drilling completed: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Tommy Peaster</u>	Latitude: <u>33° 57' 57"</u> Longitude: <u>90° 11' 23"</u>
Mailing Address: <u>4290 MS Hwy 32 CTR</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Charleston</u> MS <u>38921</u>	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>9</u> Twn <u>24N</u> Rng <u>1E</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. () _____	

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 112 Hole diameter: 2 1/4"

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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 24 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 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 72 feet to 112 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →	
20	Casing
20	Casing
20	Casing
12	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)
Top Soil	Ground Level	10
Clay	10	20
Course Sand	20	30
Med Sand	30	40
Med Sand	40	50
Course Sand	50	60
Med Sand + pea gravel	60	70
" " " "	70	80
Med Sand + pea gravel	80	90
Med Sand + pea gravel + gravel	90	100
Med Sand, pea gravel + gravel	100	112

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: _____

Form: OLWR-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

law
Chad H. McTrox UMR-8243 6/24/19
Print Name of Responsible Licensee and License No. Date

Chad H. McTrox
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 #: K 130

Aquifer: _____

County: Tallahatchie
Permit #: GW 50714
Driller: Ched Mattox
Date completed: _____
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>Tommy Peaster</u>	Latitude: <u>33 57 57</u>		Longitude: <u>90 11 23</u>		
Mailing Address: <u>4290 MS Hwy 32 CTR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____				
<u>Charleston</u> City	<u>MS</u> State	<u>38614</u> Zip Code	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>9</u> T <u>24N</u> R <u>1E</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)	
Telephone No. (____) _____					

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: _____ Rated Pump Capacity: 2200 Gallons Per Minute
Is This Pump (circle one) New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 24 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 (circle 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 0-752 P 8/21/19 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

* Circle S Irrigation to install pump.

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STATE OF MISSISSIPPI

Department of Environmental Quality
Office of Land and Water Resources
P.O.Box 2309
Jackson, Mississippi 39225

19-0091

**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-50714 Total Permitted Acreage: 106

Landowner Name: PEASTER, TOMMY
Landowner Address: 4290 MS HIGHWAY 32 CTR
CHARLESTON, MS 38921

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the NE 1/4 Section: 09 Township: 24N Range: 01E

County: TALLAHATCHIE Quad: TIPPO

Permitted Acreage: Irrigation: 106 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: MILAM, JEFF
Applicant Address: 4290 MS HIGHWAY 32 CTR
CHARLESTON, MS 38921

Date Permit Issued: 04/01/2019

Date Permit Expires: 04/01/2024

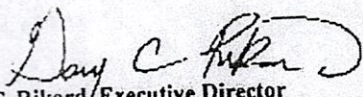
Date Permit Modified:

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

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Gary C. Rikard Executive Director
Mississippi Department of Environmental Quality