

# 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 #: N120  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tallahatchie  
Permit #: MS-GW-49104  
Driller: Tommy Peacock Sr  
Date drilling completed: 11-12-15

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>F M Goss</u>	Latitude: <u>N 33° 52' 44"</u> Longitude: <u>W 90° 26' 16"</u>
Mailing Address: <u>P.O. Box 17</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>Webb</u> State: <u>MS</u> Zip Code: <u>38964</u>	<u>5E 1/4 NE 1/4</u> , Sec <u>07</u> T <u>23N</u> R <u>02W</u>
Telephone No. (____) _____	<u>6</u> Miles <u>West</u> of <u>Webb</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>11-12-15</u> Date drilling completed: <u>11-13-15</u> Hole depth: <u>108'</u> Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>nearby ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>when filling tank</u>	
Logs run (circle 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="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <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>36</u> feet [above or <input checked="" type="checkbox"/> below] and surface Date measured: _____ (circle one)	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____	
Well depth: <u>108'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>68</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>1-32</u> <u>1-50</u> inches Setting depth: From <u>68</u> feet to <u>108</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of tap pipe or reduction in casing: _____ feet	

If telephoned or more than one screen describe on next page

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# 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 #: N120

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

County: TALLAHATCHIE

Permit #: GW-49104

Driller: TOMMY PERCOCK SA

Date completed: 11-12-15

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>BEELEER FARMS PARTNERSHIP</u>	Latitude: <u>33° 52' 50"</u> Longitude: <u>90° 26' 17"</u>
Mailing Address: <u>601 NEAL ROBINSON RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Draw</u> MS <u>38737</u>	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>07</u> T <u>23N</u> R <u>02W</u>
City State Zip Code	<u>6.34</u> Miles <u>NE</u> of <u>Draw</u>
Telephone No. <u>(602) 719-7307</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 11-13-15 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 70 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): 36 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: \_\_\_\_\_

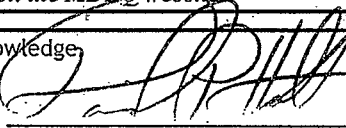
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.*

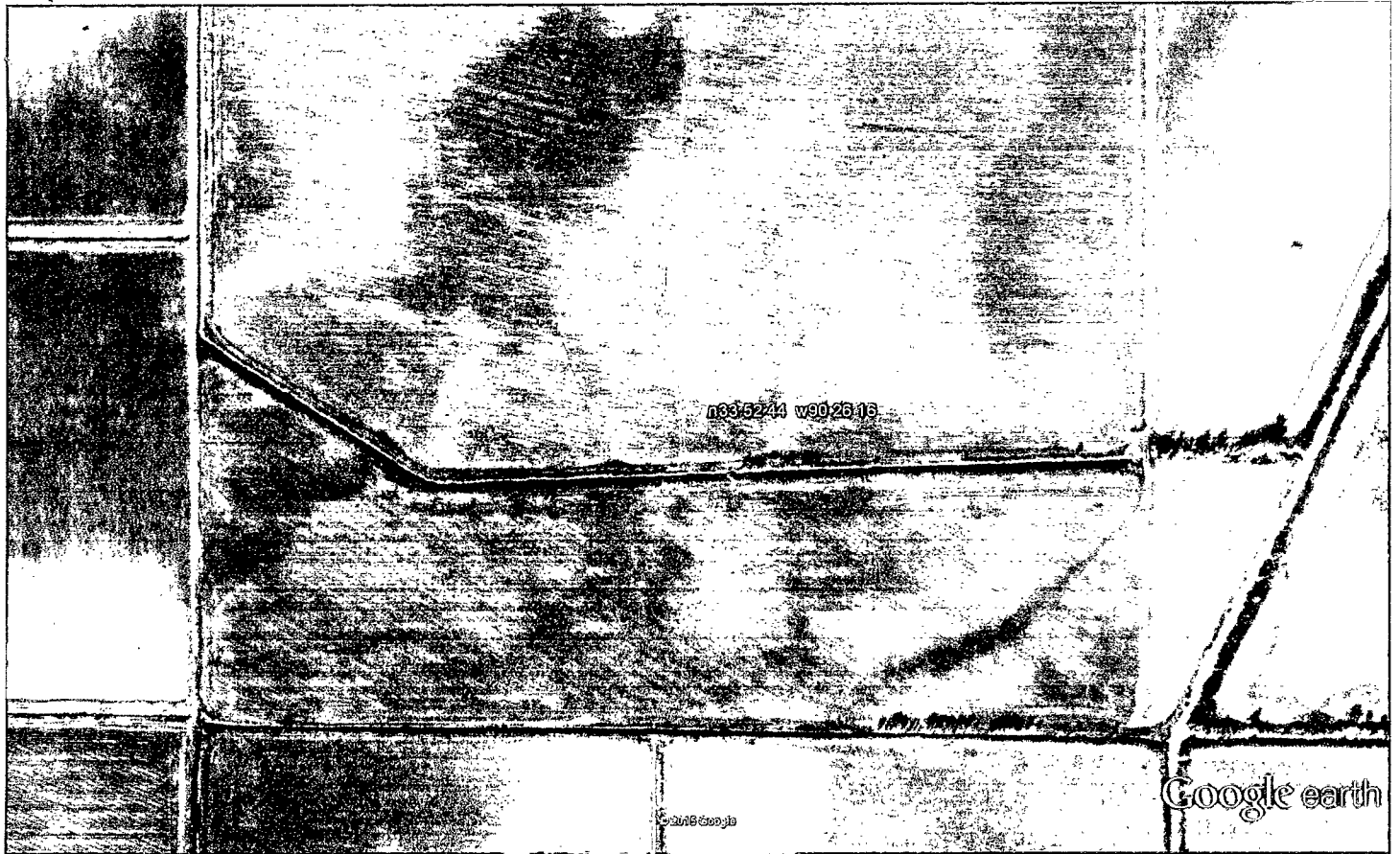
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P 12-8-15 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

15-01695

N120



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

N120  
15-0695

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, lake level elevation, or static groundwater level (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-49104

Landowner Name: GOSS, F M

Landowner Address: PO BOX 17

WEBB

MS 38966

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Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4

Section: 07 Township: 23N Range: 02W

County: TALLAHATCHIE

Quad: ROME

Maximum Volume: 150 Acre-Feet/Year equivalent to .1339 Million Gallons/Day

Maximum Rate: 2200 Gallons/Minute

Applicant Name: BEELER, GEORGE

Applicant Address: 61 NEAL ROBINSON ROAD

DREW

MS 38737

Date Permit Issued: 10/15/2015

Date Permit Expires: 10/15/2020

Date Permit Modified:

Date Permit Re-issued:

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

SPECIAL TERMS AND CONDITIONS: 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