

20-0172

135

# 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)

County: TALLAHATCHIE  
 Permit #: GW-51134  
 Driller: TOMMIE PEACOCK  
 Date drilling completed: 05/04/20

**For Office Use Only:**  
 Well #: S 199  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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> (Landowner if borehole is not for a water well) Owner Name: <u>PALO ALTO PLANTATION</u> Mailing Address: <u>PO BOX 92</u> <u>MINTER CITY MS 38944</u> City State Zip Code Telephone No. (____) _____			<b>Well or Borehole Location</b> Latitude: <u>33 42 53N</u> Longitude: <u>90 17 07W</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>NW 1/4 SE 1/4, Sec 03 T 21N R 01W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
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**Well / Borehole Data**

Date drilling started: 05/04/20 Date drilling completed: 05/04/20 Hole depth: 105 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: 12 feet  above/ below land surface Date measured: \_\_\_\_\_  
 (select one)

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 65 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 65 feet to 105 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*

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County: TALLAHATCHIE  
 Permit #: GW-51134

**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
65	CASING
85	SCREEN
95	SCREEN
105	SCREEN

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
FINE SAND/ COURSE AT 15'	10	20
COURSE/ MEDIUM SAND	20	30
MEDIUM SAND	30	40
MEDIUM SAND AND PEA GRAVEL	40	50
MEDIUM SAND AND PEA GRAVEL	50	60
MEDIUM SAND AND PEA GRAVEL	60	70
MEDIUM SAND AND PEA GRAVEL	70	80
MEDIUM SAND AND PEA GRAVEL	80	90
MEDIUM SAND AND PEA GRAVEL	90	100
MEDIUM SAND AND PEA GRAVEL	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

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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  
 Print Name of Responsible Licensee and License No.

5-25-20  
 Date

[Signature]  
 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 #: 5 199

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

County: TALLAHATCHIE  
Permit #: GW-51134  
Driller: TOMMIE PEACOCK  
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>PALO ALTO PLANTATION</u>			Latitude: <u>33 42 53N</u> Longitude: <u>90 17 07W</u>		
Mailing Address: <u>PO BOX 92</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>MINTER CITY</u>	<u>MS</u>	<u>38944</u>	<u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>03</u>	T <u>21N</u>	R <u>01W</u>
City	State	Zip Code			
Telephone No. (____) _____			Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

**Pump Type (select one)**

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

Date Pump Installed: 05/04/2020 Rated Pump Capacity: 1800 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: 60 Setting Depth: 65 feet Number of Stages: 4

**Pump Test Data for Non Flowing Well**

Date Well Tested: 05/04/2020 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 12 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: \_\_\_\_\_

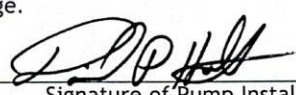
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer 

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

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# STATE OF MISSISSIPPI



Department of Environmental Quality  
Office of Land and Water Resources

## 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-51134  
**Total Permitted Acreage:** 381

**Landowner Name:** PALO ALTO PLANTATION  
**Landowner Address:** PO BOX 92  
MINTER CITY, MS 38944

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

**Diversion/Withdrawal Location:** NW 1/4 of the SE 1/4 Section: 03 Township: 21N Range: 01W

**County:** TALLAHATCHIE **Quadrangle:** SCHLATER

**Permitted Acreage:** Irrigation: 381 Fish Culture: 0 Wildlife Management: 0

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

**Applicant Name:** PALO ALTO PLANTATION  
**Applicant Address:** PO BOX 92  
MINTER CITY, MS 38944

**Date Original Permit Issued:** 04/01/2020

**Date Coverage Expires:** 04/06/2023

**Date Coverage Modified:**

**Date Coverage Granted:**

SPECIAL TERMS AND CONDITIONS 1:  
See Attachment I which is hereby declared part of this permit.  
SPECIAL TERMS AND CONDITIONS 2:  
REPLACEMENT WELL FOR MS-GW-09362

*Kay Whittington*  
Kay Whittington, Director  
Office of Land and Water Resources

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