

18-0831

188

# 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 #: D 140  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: TUNICA  
Permit #: GW-50650  
Driller: TOMMY PEACOCK  
Date drilling completed: 04/17/20

*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>BCF-09/ GARY BAILEY</u>			Latitude: <u>34-43-36N</u>	Longitude: <u>90-21-33W</u>
Mailing Address: <u>PO BOX 2399</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</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>22</u> T <u>04S</u> R <u>11W</u>	
<u>TUNICA</u>	<u>MS</u>	<u>38676</u>	<u>15</u> Miles of <u>TUNICA MS</u>	
City	State	Zip Code	(Distance)	(Direction) (Nearest Town)
Telephone No. <u>(662) 363-3587</u>				

Well / Borehole Data	
Date drilling started: <u>04/17/20</u>	Date drilling completed: <u>04/17/20</u> Hole depth: <u>115</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>DITCH</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check 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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <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>14</u> feet <input type="radio"/> above/ <input type="radio"/> below land surface	Date measured: <u>04/17/20</u>
(select one)	
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____	
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet	Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>75</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>.032</u> inches	Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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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 #: D 140

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

County: TUNICA  
 Permit #: GW-50650  
 Driller: TOMMY 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>BCF-09/ GARY BAILEY</u>			Latitude: <u>34-43-36N</u>	Longitude: <u>90-21-33W</u>
Mailing Address: <u>PO BOX 2399</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>TUNICA</u>	<u>MS</u>	<u>38676</u>	<u>NW 1/4 NW 1/4, Sec 22 T 04S R 11W</u>	
City	State	Zip Code		
Telephone No. <u>(662) 363-3587</u>			<u>15</u> Miles of <u>TUNICA MS</u>	(Nearest Town)
			(Distance)	(Direction)

**Pump Type (select one)**

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

Date Pump Installed: 04/17/20 Rated Pump Capacity: 3000 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: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 14 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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date

[Signature]  
 Signature of Pump Installer

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

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# STATE OF MISSISSIPPI

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

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## 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 alienated, 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-50650 Total Permitted Acreage: 201  
Landowner Name: BCF-09  
Landowner Address: PO BOX 2399  
TUNICA, MS 38676  
Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER  
Beneficial Use(s): IRRIGATION  
Diversion/Withdrawal Location: NW 1/4 of the NW 1/4 Section: 22 Township: 04S Range: 11W  
County: TUNICA Quad: HOLLYWOOD  
Permitted Acreage: Irrigation: 201 Fish Culture: 0 Wildlife Management: 0  
Maximum Volume: See Special Terms And Conditions (attachment I)  
Applicant Name: BCF-09  
Applicant Address: PO BOX 2399  
TUNICA, MS 38676

Date Permit Issued: 08/08/2019

Date Permit Expires: 08/08/2024

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:

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted point(s): MS-GW-50652

SPECIAL TERMS AND CONDITIONS 2:

See Attachment I which is hereby declared part of this permit.

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*Day C. [Signature]*