

STATE WELL REPORT

170

County: TUNICA
 Permit #: GW-51480
 Driller: TOMMY PEACOCK
 Date drilling completed: 5/21/21

**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 #: E 77
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>VIVIAN WATTSON</u>	Latitude: <u>34.6965</u> Longitude: <u>-90.2750</u>
Mailing Address: <u>1633 GRAND OAKS BLVD</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>TUNICA</u> MS <u>38676</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE</u> ^{NE} <u>1/4</u> <u>NW</u> ^{NE} <u>1/4</u> , Sec <u>32</u> T <u>04S</u> R <u>10W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>W</u> of <u>PRICHARD</u> <u>9W</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5/21/21 Date drilling completed: 5/21/21 Hole depth: 115 Hole diameter: 24

Location of the source of any surface water used for drilling: NEARBY DITCH

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: 5 feet above / below land surface Date measured: 6/1/21
(select one)

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

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

Casing length: 75 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 70 feet to 115 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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STATE OF MISSISSIPPI
 Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, Mississippi 39225

Navillus
 21-0052

**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 Law, Mississippi Code Sections 51-3-1, et seq (1972, as amended) and the regulations and standards promulgated thereunder. Whether or not specifically named in this permit or in the application for this permit, anyone using water from the diversion or 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, or assigned or otherwise used for any purpose other than the one specifically stated herein. This permit may be amended, transferred, or revised without prior notice to the Permittee. The Permittee shall be responsible for the maintenance of the diversion or withdrawal point and for the construction of any structures necessary to carry out the purposes of this permit. The Permittee shall be responsible for the construction of any structures necessary to carry out the purposes of this permit. For this permit, shall at all times reserve the right to amend, transfer, or revise this permit without notice to the Permittee. The Permittee shall be responsible for the construction of any structures necessary to carry out the purposes of this permit. The Permittee shall be responsible for the construction of any structures necessary to carry out the purposes of this permit. The Permittee shall be responsible for the construction of any structures necessary to carry out the purposes of this permit.

Permit Number: MS-DWS-1484 Total Permitted Acreage: 102

Landowner Name: WATSON, VIVIAN
 Landowner Address: 1633 GRAND OAKS BLVD
 TUNICA, MS 38976

Source of Water: MISSISSIPPI RIVER VALLEY AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the SW 1/4 Section 22 Township 04S Range 09W

County: TUNICA Quad: HOLLYWOOD

Permitted Acreage: Irrigation: 102 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: NAVILLUS, VIVIAN
 Applicant Address: 1633 GRAND OAKS BLVD
 TUNICA, MS 38976

Date Permit Issued: 4/23/21

Date Permit Expires: 4/23/26

Date Permit Modified:

Date Permit Reissued:

Project No. 1484

Special Terms and Conditions (attachment B)

See Manual for Land Use

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Kay W. H. [Signature]

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)

County: TUNICA
 Permit #: GW-51480
 Driller: CHAD MATTOX
 Date completed: 5/21/21
Copy information from block on Part 1

For Office Use Only:

Well #: E 77
 Aquifer: _____

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>VIVIAN WATTSON</u>			Latitude: <u>34.6965</u> Longitude: <u>-90.2750</u>		
Mailing Address: <u>1633 GRAND OAKS BLVD</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>	SE <u>NE</u> $\frac{1}{4}$ NW <u>NE</u> $\frac{1}{4}$, Sec <u>32</u> T <u>04S</u> R <u>10W</u> <u>9W</u>		
City	State	Zip Code	1 _____ Miles <u>W</u> of <u>PRICHARD</u> (Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____					

Pump Type (select one)

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

Date Pump Installed: 5/22/21 Rated Pump Capacity: 700 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: 50 Setting Depth: 60 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): 5 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: _____

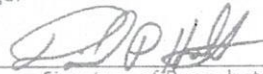
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 6/21/21 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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County: TUNICA
Permit #: GW-51480

For Office Use Only:
Well #: _____

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

Ground Level	
15	CASING
20	CASING
20	CASING
20	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)
	Ground level	10
FINE SAND	10	50
COARSE SAND	50	80
COARSE SAND & GRAVEL	80	115

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.

Tommy Peacock 7409 6/19/21 Tommy Peacock
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

Google Maps 34°41'47.4"N 90°16'30.0"W



Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021 1000 ft

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