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# 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 #: F 96

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

E-Log #: \_\_\_\_\_

County: TUNICA  
 Permit #: GW-51462  
 Driller: CHAD MATTOX  
 Date drilling completed: 4/12/21

*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>LIMERICK FARMS</u>			Latitude: <u>34.639430</u>	Longitude: <u>-90.421415</u>
Mailing Address: <u>1100 EVANSVILLE COVE</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>	
<u>TUNICA</u>	<u>MS</u>	<u>38676</u>	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>24</u> T <u>05S</u> R <u>12W</u>	
City	State	Zip Code	<u>1</u> Miles <u>E</u> of <u>EVANSVILLE</u>	
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)	

**Well / Borehole Data**

Date drilling started: 4/12/21 Date drilling completed: 4/12/21 Hole depth: 115 Hole diameter: 24

Location of the source of any surface water used for drilling: BEAVERDAM LAKE

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: 11 feet  above/ below land surface Date measured: 4/12/21  
(select one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 75 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 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

21-0014

**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 Section 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-51462 Total Permitted Acreage: 140

Landowner Name: LIMERICK FARMS  
Landowner Address: 1100 EVANSVILLE COVE  
WILL OWEN  
TUNICA, MS 38676

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NW 1/4 Section: 24 Township: 05S Range: 12W

County: TUNICA Quad: TUNICA MS

Permitted Acreage: Irrigation: 140 Fish Culture: 0 Wildlife Management: 0

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

Applicant Name: LIMERICK FARMS  
Applicant Address: 1100 EVANSVILLE COVE  
WILL OWEN  
TUNICA, MS 38676

Date Permit Issued: 03-04-2021

Date Permit Expires: 03-04-2026

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-11780, MS-GW-11781

**SPECIAL TERMS AND CONDITIONS 2:**

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

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*Key W...*









# Untitled Map

Write a description for your map.



**Legend**

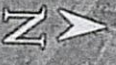
-  34.639430 N 90.421415 W
-  Feature 1

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Google Earth

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800 ft





# 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: <u>TUNICA</u>
Permit #: <u>GW-51462</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>4/12/21</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>F 46</u>
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>LIMERICK FARMS</u>			Latitude: <u>34.639430</u>	Longitude: <u>-90.421415</u>
Mailing Address: <u>1100 EVANSVILLE COVE</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/>	
TUNICA MS 38676			USGS quad <input type="radio"/> NE <input type="radio"/> NW <input checked="" type="radio"/> SE <input type="radio"/> SW, Sec <u>24</u> T <u>05S</u> R <u>12W</u>	
City	State	Zip Code	1 Miles <u>E</u> of <u>EVANSVILLE</u>	
Telephone No. (____) _____			(Distance)	(Direction) (Nearest Town)

Pump Type (select one)	
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____	
Date Pump Installed: <u>4/13/21</u>	Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	

Power Type (select one)	
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>11</u> 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): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
David P. Holt	0-752P	4/15/21
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

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