

# 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 #: A 278  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Washington  
Permit #: GW-49396  
Driller: J. Newcome 0-773  
Date drilling completed: 7/12/16

*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>Lawrence Land Holdings LLC</u>	Latitude: <u>33 31 20</u> Longitude: <u>91 05 19</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Scott</u> <u>MS</u> <u>38772</u>	<u>NW 1/4 SW 1/4, Sec 27 T 19 N R 09 W</u>
City State Zip Code	<u>1</u> Miles <u>SW</u> of <u>Lamont</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 7/12 Date drilling completed: 7/12 Hole depth: 113 Hole diameter: 24

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: Tablets

Logs run (circle 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 (circle 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: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 110 feet

Type of completion (circle 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*

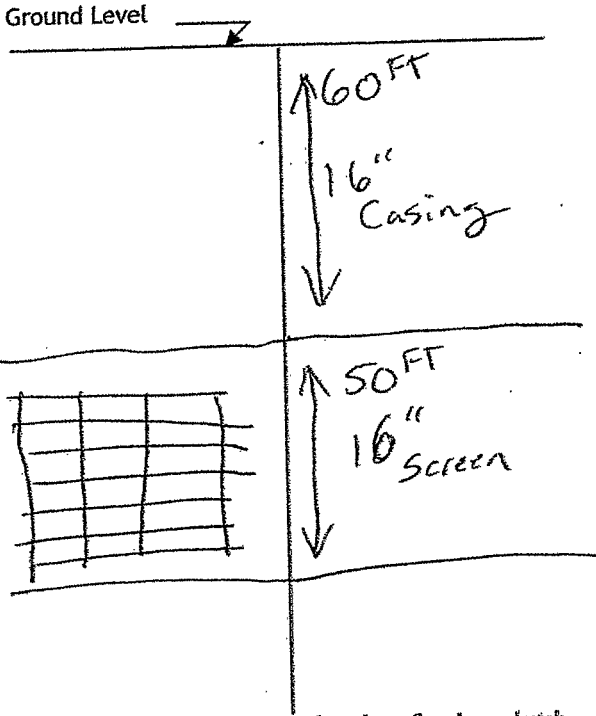
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LWR

County: Washington  
 Permit #: GW-49396

**For Office Use Only:**  
 Well #: A278

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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)
Top Soil	Ground level	10
Clay	10	20
Fine Sand	20	60
Medium Coarse Sand	60	110
Grey Bottom	110	113

- 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

See Map

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.

JOHN HEWCOME 0-773     9-2-16     John New...  
 Print Name of Responsible Licensee and License No.     Date     Signature of Licensee

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BY OLWR

County: Washington  
 Permit #: GW-49396  
 Driller: J. Newcome 0-773  
 Date completed: 7/12/16  
*Copy information from block on Part 1*

**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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A278  
 Elevation: \_\_\_\_\_

*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>Lawrence Land Holdings LLC</u>	Latitude: <u>33 31 20</u> Longitude: <u>91 05 19</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Scott</u> <u>MS</u> <u>38772</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 27 T 19N R 09W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>SW</u> of <u>Lamont</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7/13/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A) <u>Not Tested</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

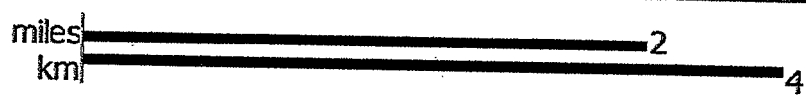
This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

Hubbard Stephens 741-P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



Google earth



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**STATE OF MISSISSIPPI**

A278

**Department of Environmental Quality**

**Office of Land and Water Resources**

**P. O. Box 2309**

**Jackson, Mississippi 39225**

**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-49396

**Landowner Name:** LAWRENCE LAND HOLDINGS LLC

**Landowner Address:** PO BOX 1  
SCOTT MS 38772

**Source Of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** NW 1/4 of the SW 1/4      **Section:** 27      **Township:** 19N      **Range:** 09W

**County:** WASHINGTON

**Quad:** SCOTT

**Maximum Volume:** 173 Acre-Feet/Year      *equivalent to* .1544 Million Gallons/Day

**Maximum Rate:** 2500 Gallons/Minute

**Applicant Name:** LAWRENCE LAND HOLDINGS LLC

**Applicant Address:** PO BOX 1  
SCOTT MS 38772

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**Date Permit Issued:** 04/29/2016

**Date Permit Expires:** 04/29/2021

**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:**

**SPECIAL TERMS AND CONDITIONS 2:** SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.



Gary C. Rikard, Executive Director  
Mississippi Department of Environmental Quality