

118

County: Washington  
 Permit #: GW-51743  
 Driller: Chicot Irrigation, Inc.  
 Date drilling completed: 8-26-21

# 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 #: C 157  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Morgan Beckham</u>	Latitude: <u>33° 30' 15.2"N</u> Longitude: <u>90° 49' 28.7"W</u>
Mailing Address: <u>6062 Hwy 61 North</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Leland</u> MS <u>38756</u>	<u>NE 1/4 SW 1/4, Sec 9 T 19N R 6W</u>
City State Zip code	<u>North</u> of <u>Leland</u>
Telephone No. ( ) -	Miles (Distance) of (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-26-21 Date drilling completed: 8-26-21 Hole depth: 127' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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: \_\_\_\_\_ feet [ above or  below] land surface Date measured: \_\_\_\_\_  
*(check one)*

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 72 feet to 111 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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 BY OLWR

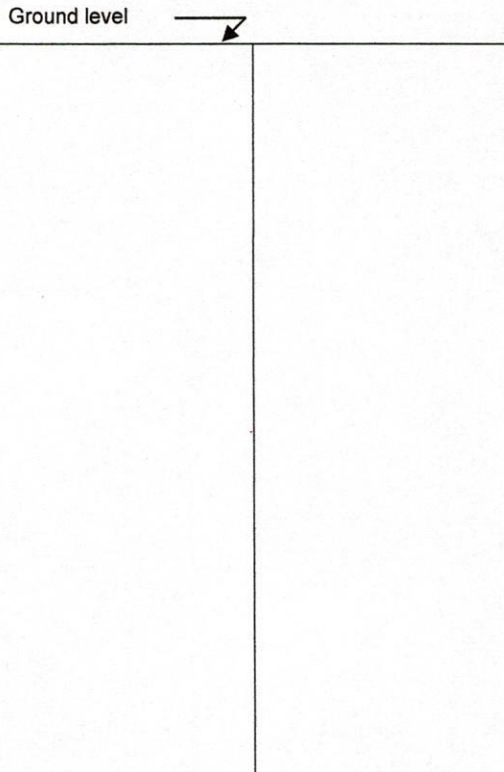


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**For Office Use Only:**  
Well #: \_\_\_\_\_

*The sketch below only required for water wells  
If well telescopes, show depths 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)
Clay	Ground level	19
Fine Sand	20	35
Fine Sand & Gravel	36	47
Med. Sand & Gravel	48	111
Fine Sand & Gravel	112	127

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) a north arrow

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Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

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 Newcome - 0773** 9-16-21   
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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



County: Washington  
 Permit #: GW-51743  
 Driller: Chicot Irrigation, Inc.  
 Date drilling completed: 8-26-21  
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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: C 157  
 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>Morgan Beckham</u>	Latitude: <u>33° 30' 15.2"N</u> Longitude: <u>90° 49' 28.7"W</u>
Mailing Address: <u>6062 Hwy 61 North</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Leland</u> <u>MS</u> <u>38756</u> City State Zip code	<u>NE ¼ SW ¼, Sec 9 T 19N R 6W</u>
Telephone No. <u>( ) -</u>	<u>      </u> Miles <u>North</u> of <u>Leland</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed \_\_\_\_\_ Rated Pump Capacity: 2100 +/- Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check 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): \_\_\_\_\_ 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 (check 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): \_\_\_\_\_

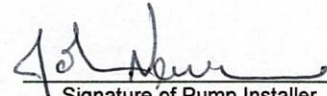
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check 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.

John Newcome - 0773 9-16-21  
 Print Name of Pump Installer and License No. (if applicable) Date

  
 Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)





# State of Mississippi

**TATE REEVES**  
Governor

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHRIS WELLS, EXECUTIVE DIRECTOR

August 26, 2021

Morgan Beckham  
6062 HWY 61 North  
Leland, Mississippi 38756

RE: Emergency Authorization  
Permit Number - MS-GW-51743  
Washington County, Mississippi

Dear Mr. Beckham,

The Mississippi Department of Environmental Quality (MDEQ) has reviewed your request for an emergency authorization to drill a water well in association with the pending groundwater withdrawal permit MS-GW-51743. Currently this permit is pending, due to the 10 day public comment period. MDEQ will grant the emergency authorization to drill and withdraw groundwater at the proposed location. Please be advised that if there are adverse comments received concerning this withdrawal permit, MDEQ may not issue this permit and you will be required to plug and abandon this water well. If you have any questions or comments please feel free to contact me at (601) 961-5775.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Hawkins".

Chris Hawkins, P.E., Division Chief  
Permitting, Certification and Compliance Division

Cc: Kristen Sorrell, P.G., MDEQ  
Cc: Dillard Melton, YMD

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