

State Well Report

Part I - Driller's Log

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: A157
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW-47542 ✓
Driller: Joel Larmer
Date drilling completed: 9-15-13

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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Watts Planting Company</u> Mailing Address: <u>Po Box 429</u> <u>Clarksdale</u> <u>MS</u> <u>38614</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>34° 15' 47"</u> Longitude: <u>90° 51' 15"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SE 1/4</u> Sec <u>30</u> Twn <u>26N</u> Rng <u>06W</u> Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Meridian</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>9-15-13</u> Date drilling completed: <u>9-15-13</u> Hole depth: <u>145</u> Hole diameter: <u>20 in</u> Location of the source of any surface water used for drilling: <u>Nearest well</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>5</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-16-13</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>145</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>105</u> feet Casing diameter: <u>8</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>0.56</u> inches Setting depth: From <u>105</u> feet to <u>70-145</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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></p>	

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

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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)

County: Bolivar
 Permit #: 60-47542
 Driller: Joel Jumper
 Date completed: 9-16-13
 Copy information from block on Part 1

For Office Use Only:

Well #: A157
 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>Watts Planting Company</u>	Latitude: <u>34-05-47</u> Longitude: <u>90-51-15</u>
Mailing Address: <u>Box 425</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>Ms</u> <u>38814</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>30</u> T <u>26N</u> R <u>6W</u>
City State Zip Code	<u>5</u> Miles <u>S</u> of <u>Neke Lake</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9-16-13 Rated Pump Capacity: 900 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 15 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: 9-16-13 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 900 Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 900 GPM with a drawdown of 15 feet after 8 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.

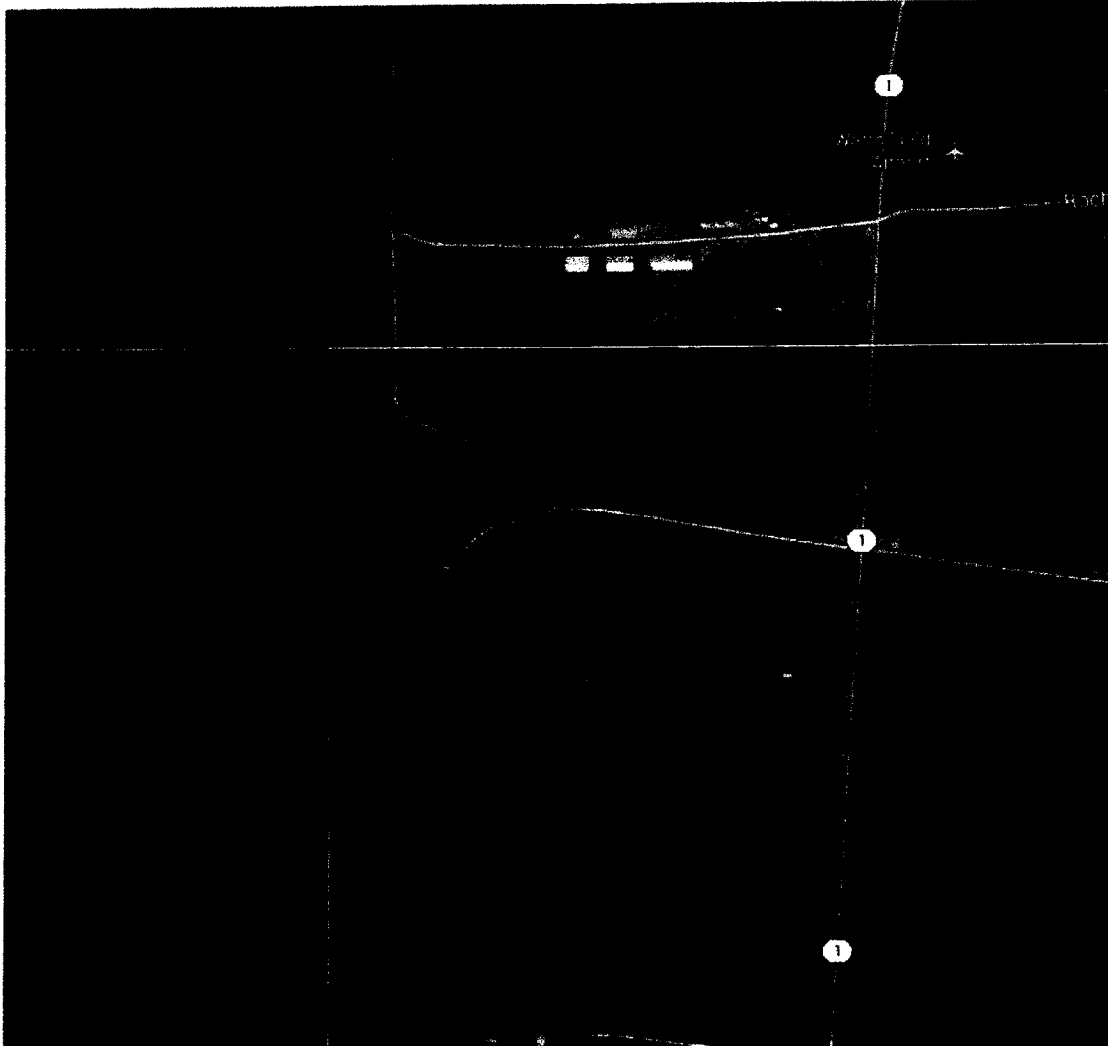
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Jumper 5317 9-16-13 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

A157

To see all the details that are visible on the screen, use the "Print" link next to the map.

Google



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www.ymd.org

A157

Yazoo Mississippi Delta Joint Water Management District

July 8, 2013

WATTS PLANTING COMPANY
P. O. BOX 429
CLARKSDALE, MS 38614

RE: Well Construction/Authorization to drill

Permit No: GW-47542

DEAR WATTS PLANTING COMPANY:

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: NE1/4 of the SE1/4 Section 30 Township 26N Range 06W County BOLIVAR
Latitude: 34 05 47 Longitude: 90 51 15**

A copy of this notice or a water use permit **must be** attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be** mail or faxed to YMD Joint Water Management District.

All applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call YMD at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

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