

# STATE WELL REPORT

141

County: BOLIVAR  
 Permit #: GW-51720  
 Driller: CHAD MATTOX  
 Date drilling completed: 8/3/21

**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 #: B 214  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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**BY OLWR**

*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>ALLENDALE PLT CO</u>	Latitude: <u>33.994335</u> Longitude: <u>-90.749817</u>
Mailing Address: <u>PO BOX 22</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>SHELBY</u> MS <u>38774</u>	NW $\frac{1}{4}$ SW $\frac{1}{4}$ , Sec <u>32</u> <sup>31</sup> T <u>25N</u> R <u>05W</u>
City State Zip Code	<u>1</u> Miles <u>S</u> of <u>HUSPUCKENA</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8/3/21 Date drilling completed: 8/3/21 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: 45 feet  above /  below land surface Date measured: 8/3/21  
(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: .050 inches Setting depth: From 70 feet to 115 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

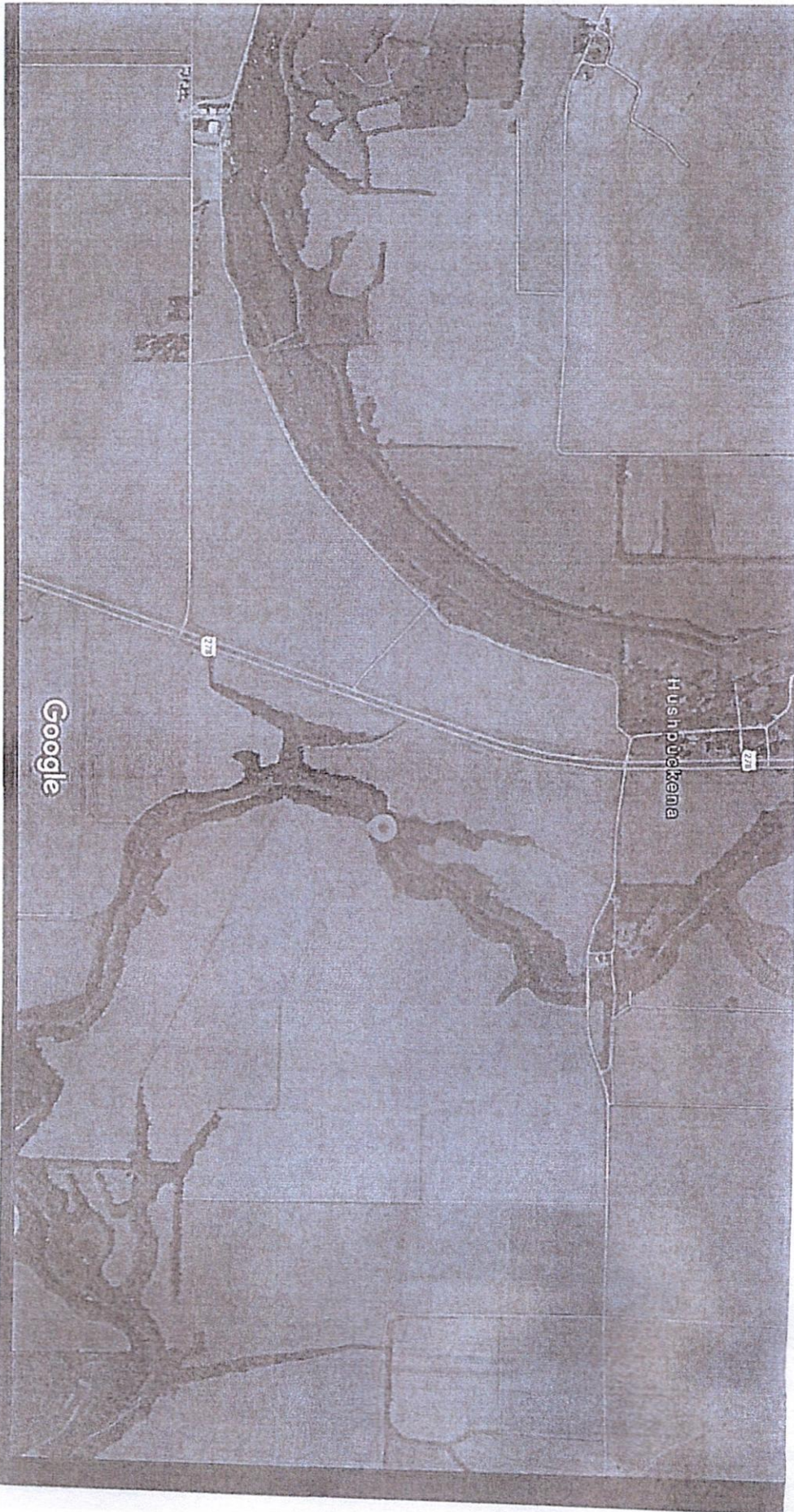
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*



Google Maps 33°59'39.6"N 90°44'59.3"W



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

1000 ft



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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 #: GW-51720  
 Driller: CHAD MATTOX  
 Date completed: 8/3/21  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B214  
 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>ALLENDALE PLT CO</u>			Latitude: <u>33.994335</u> Longitude: <u>-90.749817</u>		
Mailing Address: <u>PO BOX 22</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>SHELBY</u>	<u>MS</u>	<u>38774</u>	NW <input type="radio"/> SW <input type="radio"/> Sec <u>32</u> T <u>25N</u> R <u>05W</u>		
City	State	Zip Code	1 Miles <u>S</u> of <u>HUSPUCKENA</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

**Pump Type (select one)**

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

Date Pump Installed: 8/4/21 Rated Pump Capacity: 3000 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: 60 Setting Depth: 80 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): 45 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 8/5/21 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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21-0711  
Allendale

Don R. Christy, PhD  
Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

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Yazoo Mississippi Delta Joint Water Management District

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July 30, 2021



RE: CONSTRUCTION NOTICE

ALLENDALE PLANTING COMPANY  
PO BOX 22  
SHELBY, MS 38774

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51720  
which will be replacing GW-09220 well located at  
Location: NW 1/4 of the SW 1/4 Section 32 Township 25N Range 05W County Bolivar  
Latitude: 33.994246N Longitude -90.749890

Dear ALLENDALE PLANTING COMPANY:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

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

Sincerely,

Dillard Melton, Jr  
Permitting Director