

STATE WELL REPORT

County: Bolivar
 Permit #: GW-51063
 Driller: Wes McMurry
 Date drilling completed: 5-5-20

Part I
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

146

For Office Use Only:
 Well #: C 214
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CT Danna</u>	Latitude: <u>33°54'47.14"</u> Longitude: <u>90°57'57.91"</u>
Mailing Address: <u>469 Dattle Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rosedale MS 38769</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4, Sec 19 T.24N R.7W</u>
Telephone No. <u>(662) 771-7369</u>	<u>2.3</u> Miles <u>SW</u> of <u>Gunnison</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5-5-20</u>	Date drilling completed: <u>5-5-20</u> Hole depth: <u>125</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Ditch nearby</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>No LOG</u>	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
<input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>13</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5-11-20</u>	
(check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>125</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>Pvc</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>125</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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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)

For Office Use Only:

Well #: C214
 Aquifer: _____

County: Bolivar
 Permit #: GW-51063
 Driller: Wes McMurry
 Date completed: 5-5-20
Copy information from block on Part 1

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>CT Danna</u>		Latitude: <u>33° 54' 47.19"</u>	Longitude: <u>90° 57' 57.91"</u>
Mailing Address: <u>469 Dattle Rd</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Rosedale</u> <u>MS</u> <u>38769</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City State Zip Code		<u>SE^{NE} 1/4 SW 1/4, Sec 19 T 29N R 7W</u>	
Telephone No. <u>(662) 721-7369</u>		<u>2.3</u> Miles <u>SW</u> of <u>Gunnison</u>	
		(Distance) (Direction) (Nearest Town)	

Pump Type (check one)

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

Date Pump Installed: 5-11-20 Rated Pump Capacity: _____ 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: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 13 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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

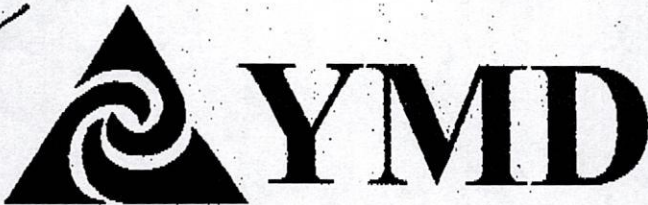
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Payton Overstreet 00008026 5-28-20 Payton Overstreet

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

Yazoo Mississippi Delta Joint Water Management District

December 20, 2019

C T Danna
469 Dattle Road
Rosedale, MS 38769

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51063
which will be replacing GW-13116 located at
Location: SE1/4 of the SW1/4 Section 19 Township 24N Range 7W County Bolivar
Latitude: 33.91254 Longitude -90.9661

Dear C T Danna:

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

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