

### STATE WELL REPORT

County: Bolivar  
 Permit #: GW-50957  
 Driller: Jonathan Gordon  
 Date drilling completed: 10-8-19

Part 1  
**Driller's Log** 144  
 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 #: E 241  
 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.*

<b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>H + B Farm Partnership</u> Mailing Address: <u>112 Walker Rd</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 719-8115</u>		<b>Well or Borehole Location</b> Latitude: <u>33° 56' 42.12"</u> Longitude: <u>90° 39' 28.60"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE ¼ NE ¼, Sec 12 T24N R05W</u> <u>6</u> Miles <u>East</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)	
--	--	--	--

**Well / Borehole Data**

Date drilling started: 10-8-19 Date drilling completed: 10-8-19 Hole depth: 100' Hole diameter: 26"  
 Location of the source of any surface water used for drilling: Existing Well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 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: 46 feet [above or  below] land surface Date measured: 10-9-19  
 (circle one)  
 Method of measurement (circle one): Steel tape  Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 100' Well grouted to a depth of: \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 60' 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 60 feet to 100 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: N/A feet  
*If telescoped or more than one screen, describe on next page*

RECEIVED  
 OCT 15 2019  
 BY OLWR

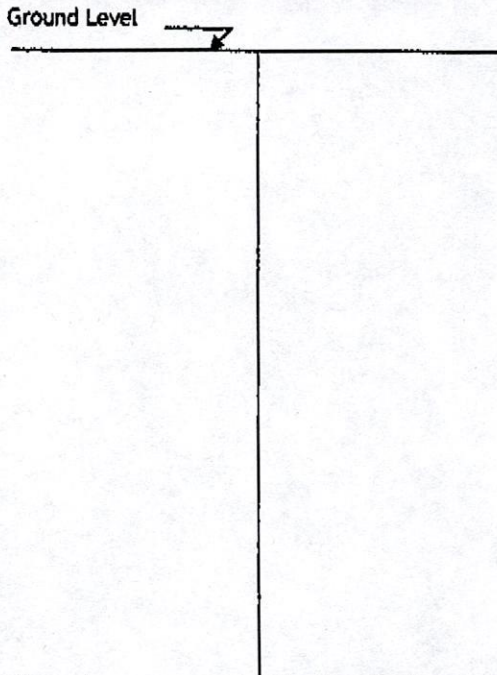
*Replacement*

County: Bolivar  
 Permit #: GW-50957

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

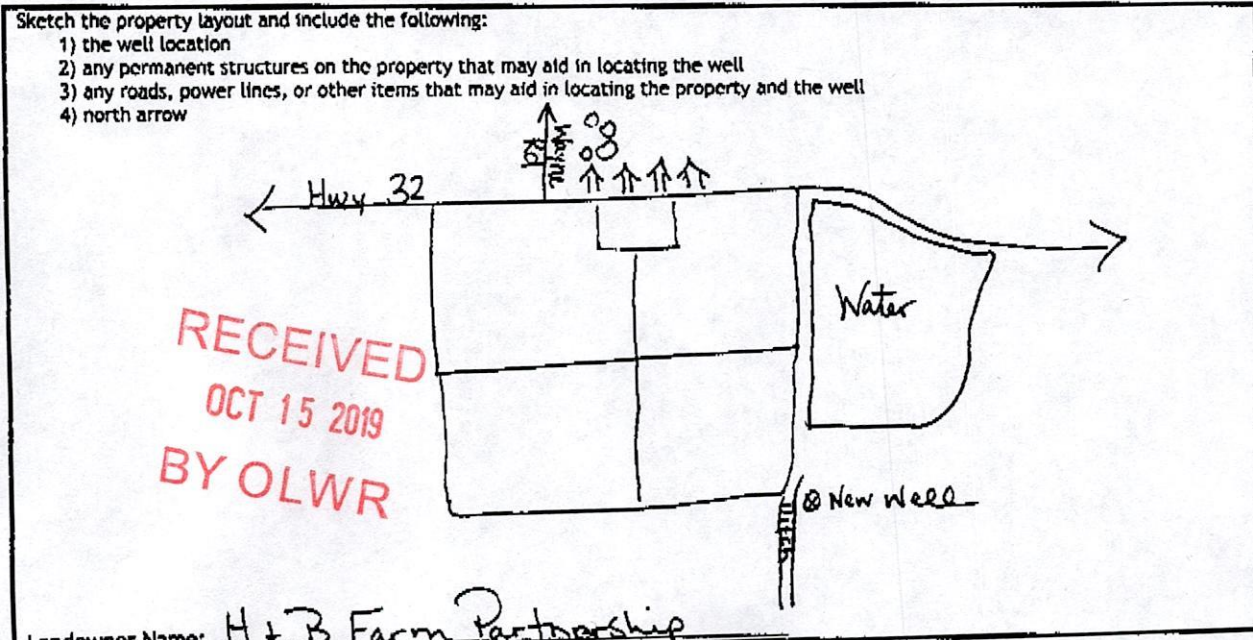
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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)
Top Soil + Clay	Ground level	15
Sand + Clay	15	25
Medium Sand	25	35
Medium Sand	35	45
Medium Sand	45	55
Medium Sand	55	65
Medium Sand	65	75
Coarse / Med Sand	75	85
Coarse / Med Sand	85	95
Clay	95	100

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



Landowner Name: H + B Farm Partnership

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.

Peyton Overstreet 00008026 10-15-19 Peyton Overstreet  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

### 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 #: E 241  
 Aquifer: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-50957  
 Driller: Jonathan Gordon  
 Date completed: 10-9-19  
*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.*

<b>Well Owner Information</b>			<b>Well Location</b>		
Owner Name: <u>H &amp; B Farm Partnership</u>			Latitude: <u>33° 56' 42.17"</u> Longitude: <u>90° 39' 28.60"</u>		
Mailing Address: <u>112 Walker Rd</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Cleveland</u> City	<u>MS</u> State	<u>38732</u> Zip Code	<u>SE 1/4 NE 1/4, Sec 12 T 24N R 05W</u>		
Telephone No. <u>(662) 719-8115</u>			<u>6</u> Miles <u>East</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 10-9-19 Rated Pump Capacity: \_\_\_\_\_ 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: 40 Setting Depth: 60 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): 46 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 (circle 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.  
Payton Overstreet 00008026 10-15-19 Payton Overstreet  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)

RECEIVED  
 OCT 15 2019  
 BY OLWR

RECEIVED  
 OCT 15 2019  
 BY OLWR



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

September 19, 2019

H & B Farm Partnership  
112 Walker Road  
Cleveland, MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50957  
which will be replacing GW-37082 well located at  
Location: SE ¼ of the NE ¼ Section 12 Township 24N Range 05W County BOLIVAR  
Latitude: 335643 Longitude: 903928

Dear H & B Farm Partnership,

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.*

Dillard Melton Jr.  
Permitting Director

RECEIVED  
OCT 15 2019  
BY OLWR