			N// I	
	STATE	WELL REPORT	144	
county: Bolivar		Part 1	East Office Visco	
	D	Priller's Log	For Office Use Only:	
Permit #: GW-51098	Mississippi Depart	ment of Environmental Quality and and Water Resources	Well #; E 242	
Driller: Yeston Overstreet		P.O. Box 2309	Aquifer:	
Date drilling completed: 9-2-20		on, MS 39225-2309	E-Log #:	
Date dritting completed: 122		(601)961-5555		
	(60	1)961-5228 (fax)		
State Law requires that this report to Department at the above address with	be prepared by the ithin 30 days of co	license holder responsible for the mpletion of drilling of the well o	he work and filed with the or borehole.	
Well Owner Informati	on		hole Location	
(Landowner if borehole is not for		Latitude: 33° 53' 26.42" on	ngitude: <u>90°40' 46.22"</u>	
Owner Name: Warrington t	arms LLC			
Mailing Address: 610 Fred	, -	Method of Lat/Long (check one)		
		USGS quad, Hand-held Gi	PS_XSurvey-grade GPS	
Cleveland MS	38732	SE & NE & SOF	35 T 24N R 05W	
City State	Zip Code			
	Lip code		Mound Bayon	
Telephone No. ()		(Distance) (Direction)	(Nearest Town)	
	Well / B	Jorehole Data		
Date drilling started: 9-2-70 Date			Hole diameter: 7 L"	
Location of the source of any surface w				
Method of dosing and volume of Chlorin	e used in drilling a	and development:		
Logs run (check all applicable): X log n	un Electric Camr	ma Ray Density Sonic Neutro	n Other:	
Name of organization running log(s): _			ALULIV	
Purpose of borehole (check one): Water	Well Geotechn	ical/Geological Investigation	Ground Source Heat Fomp	
기존 등이 보다는 네트를 보고 있다. 그리고 있다고 있는 하는 보고 있다면서		(describe)		
If drilling is not rela	ited to water well c	onstruction, skip the remainder	of this block	
Purpose of Well (check all applicable):	Home Industria	al Public Supply Irrigation	Fish Culture	
Other (describe):				
If a flowing well, method of flow regula				
Static Water Level: 38 feet	Dabove on belo	ow] land surface Date measure	ed: 9-3-20	
Method of measurement (check one)	iteel tape Electric	tape Air line Other (describe)	·	
Well depth: 127 Well grouted to a			_	
Casing length: 72 feet Ca	sing diameter:	<u>l ←</u> inches Type of c	asing: Pvc	

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

Screen diameter: 16

Setting depth: From 72

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

inches

Screen length: 50 feet

Top of lap pipe or reduction in casing: N/A

Screen slot size: . 050

Other (describe):__

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

Type of screen: Pv.C

_feet to ___ 172

Permit #: GW-510		For Office Use Only:		
The sketch below only r	equired for water wells depths on sketch,	Description of formations encounter and horeholes, unless specifically ex	red must be provided exempted by regulation	i for all well
Ground Level		Description of Formations Encountered		To (depth)
oround Level		Top Soil + Clay	Ground level	15
		Clay	15	25
		Fine / Med Sand + ()	ay. 25	35
		Clay, Coarse + Med S	um 35	45
		Clay & Coarse San	A	35
		Coarse Sand & Gras	rel 55	65
		Coarse Sand + Gra	vel 65	75
		Coarse Sand & Gra	rel 75	
		Coarse Sand + Gra	vel 85	<u>85</u> 55
		Coarse Sand + Gra	vel 95	105
		Coarse Sand + Med	Sand 105	115
		Med. Sand + Coarse	115	122
more than one screen sho	ow location of each on sketch			
1) the well location 2) any permanent struct 3) any made power line	tures on the property that may a	id in locating the well a locating the property and the well		7
4) north arrow	s, or other items that may aid i	tocating the property and the well		1
	1			
	\$	s. ()!		
	5 6	sew Well		
	=			
	1			
	31		REC	EIVE
	220		1120	LIVL
	162		SEP	1 0 2020
			VLI	10 2060
	L	- M (D 7)	DV	OL WI
		* E. Mound Bayon Rd	~ DI(JLVV
<			/	
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<	T			
<	T			
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ndowner Name: Warr	ington Farms, L	<u>. c</u>		
EREBY CERTIFY that the	well/borehole was drilled	C constructed, and completed in accord	ance with all applic	able
EREBY CERTIFY that the	e well/borehole was drilled,	Constructed, and completed in accord mental Quality and the Mississippi Dep	ance with all applic artment of Health r	able egulations,
EREBY CERTIFY that the	e well/borehole was drilled,	constructed, and completed in accord mental Quality and the Mississippi Dep	ance with all applic artment of Health	able egulations,
EREBY CERTIFY that the uirements of the Missis ipplicable, and state la	e well/borehole was drilled, ssippi Department of Environ ws.	mental Quality and the Mississippi Dep	ance with all applicartment of Health	able egulations,
applicable, and state land	e well/borehole was drilled, ssippi Department of Environ ws.	9-8-20 Texton	ance with all applic artment of Health r	able egulations,

STATE WELL REPORT

Part 2

County: Boliver

Permit # C-W-51098

Driller: Yeyton Over Street

Date completed: 9-2-20

Copy information from block on Part 1

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 6	Offic	e Use	Only	:
Well #:	E	2	42	-
Aquifer:				_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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 Latitude: 33" 53 26.92" Longitude: 50° 40' 46.27" Owner Name: _ \ noton Mailing Address: Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS ____, Survey-grade GPS _ 1 NE 14. Sec 35 T 24N R 05W State Miles NW of Mound Bayon Telephone No. ((Distance) (Direction) (Nearest Town) Pump Type (check one) Submersible Turbine Wair Lift Centrifugal Flowing Well Clet Piston Rotary Other (describe); Date Pump Installed: 9-3-20 Rated Pump Capacity: 2400 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): 80 Setting Depth: ____ Horse Power Rating of Motor: _ __feet Number of Stages: _ 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): 38 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N. Le 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 N/A 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.

Print Name of Pump Installer and License No. (If applicable)

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

Pupp Overstreet 00007076 9-9-70

Date U Signature of Pump Installer

Form: QLWR-SWR-2A (4/13)



Don R. Christy, PhD Executive Director

P. O. Box 129 Stoneville, MS 38776

Tel.: (662) 685-7712 Fax: (662) 686-9078 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

March 27, 2020

Warrington Farms LLC 610 Fredrick Drive Cleveland MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51098 which will be replacing GW-13633 located at

Location: SE1/4 of the NE1/4 Section 35 Township 24N Range 05W County Bolivar Latitude: 33.890555 Longitude -90.679444

Dear Warrington Farms LLC:

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 <u>submit a permit application</u> (enclosed) for the replacement well <u>within 5 days</u> of construction beginning. You are also <u>required</u> 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

> SEP 10 2020 BY OLWR