

County: Bolivar
 Permit #: GW-51804
 Driller: Chicot Irrigation, Inc.
 Date drilling completed: 11-10-21

STATE WELL REPORT

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)

144

For Office Use Only:
 Well #: E 252
 Acquirer: _____
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Heinsz Farm Partnership</u>	Latitude: <u>33° 58' 53.5"N</u> Longitude: <u>90° 40' 15.6"W</u>
Mailing Address: <u>1471 Blue Cane Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Shelby</u> <u>MS</u> <u>38774</u> City State Zip code	<u>NW ¼ NW ¼, Sec 1 T 24N R 5W</u>
Telephone No. <u>() -</u>	<u> </u> Miles <u> </u> of <u>Shelby</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 11-10-21 Date drilling completed: 11-10-21 Hole depth: 112' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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: _____ feet [above or below] land surface Date measured: _____
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 112' Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 72 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 73 feet to 112 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

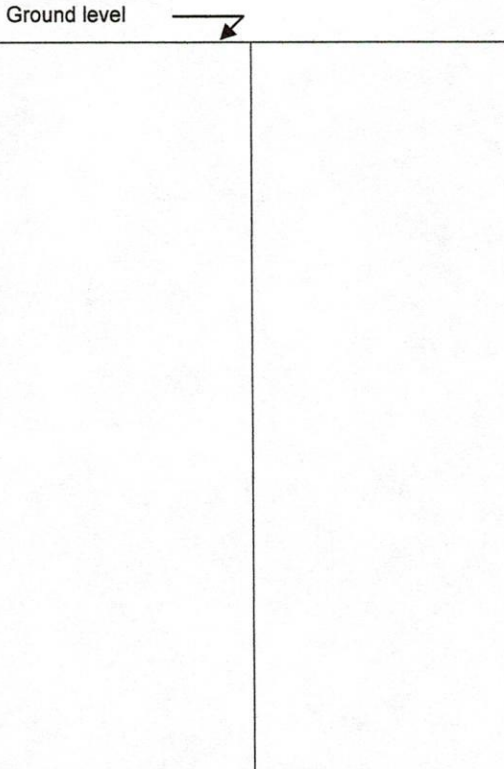
If telescoped or more than one screen, describe on next page

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County: Bolivar
 Permit #: GW-51804

For Office Use Only:
 Well #: _____

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

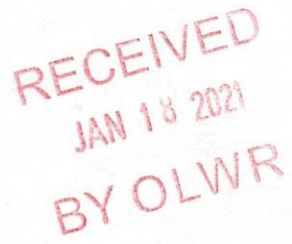


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	22
Fine Sand	23	35
Fine Sand & Gravel	36	69
Med. Sand & Gravel	70	110
Clay	111	112

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

Sketch the property layout and include the following:
 1) the well location
 2) any permanent structures on the property that may aid in locating the well
 3) any roads, power lines, or other items that may aid in locating the property and the well
 4) a north arrow



Landowner Name: _____

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

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.

John Newcome - 0773

12-15-21

John Newcome
 Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

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

County: Bolivar
 Permit #: GW-51804
 Driller: Chicot Irrigation, Inc.
 Date drilling completed: 11-10-21
Copy information from block on Part 1

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 252
 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>Heinsz Farm Partnership</u>	Latitude: <u>33° 58' 53.5"N</u> Longitude: <u>90° 40' 15.6"W</u>
Mailing Address: <u>1471 Blue Cane Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Shelby</u> MS <u>38774</u> City State Zip code	<u>NW ¼ NW ¼, Sec 1 T 24N R 5W</u>
Telephone No. () -	_____ Miles _____ of <u>Shelby</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed _____ Rated Pump Capacity: 2000 +/- 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ Hours

Static Water Level (A): _____ 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 (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

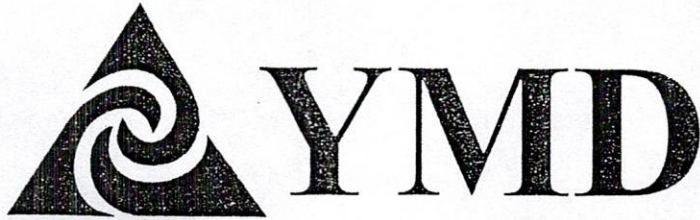
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.
 For agricultural wells, a list of approved meters is on the MDEQ website.*

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

John Newcome - 0773 12-15-21
 Print Name of Pump Installer and License No. (if applicable) Date

[Signature]
 Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)



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

October 20, 2021

HEINSZ FARM PARTNERSHIP
1471 BLUE CANE ROAD
SHELBY MS 38774

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-51804**
which will be replacing MS-GW-06581 located at
Location: NW ¼ of the NW ¼ Section 01 Township 24N Range 05W County BOLIVAR
Latitude: 33.981389 Longitude: 90.671944

Dear HEINSZ 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

Anna M. Sullivan

Anna M. Sullivan
SR. Permit Data Specialist

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