

STATE WELL REPORT

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)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: G28A
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-50077
 Driller: Clearence McMurry
 Date drilling completed: 6/22/17

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>Pemble Farms</u>		Latitude: <u>33° 50' 47"</u> Longitude: <u>90° 47' 35"</u>	
Mailing Address: <u>P.O. Box 428</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City: <u>Merigold</u>	State: <u>MS</u>	Zip Code: <u>38759</u>	USGS quad <u>SE 1/4 NW 1/4, Sec 14 T 23N R 06W</u>
Telephone No. <u>(662)</u>		<u>3.81</u> Miles <u>West</u> of <u>Merigold</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>6/22/17</u> Date drilling completed: <u>6/22/17</u> Hole depth: <u>125'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>nearby well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>Replaces GW13472</u>	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (circle all applicable): 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>46</u> feet (above or <input checked="" type="checkbox"/> below land surface (circle one) Date measured: <u>6-28-17</u>	
Method of measurement (circle one): 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 (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite 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 (circle 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	
If telescoped or more than one screen, describe on next page	

Replacement Well

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 #:	<u>6284</u>
Aquifer:	_____

County: <u>Bolivar</u>
Permit #: <u>BW-50077</u>
Driller: <u>Doug Cocilova</u>
Date completed: <u>6-28-17</u>
<i>Copy information from block on Part 1</i>

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>Pemble Farms</u>	Latitude: <u>33° 50' 47"</u> Longitude: <u>90° 47' 35"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Merigold</u> <u>MS</u> <u>38759</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4, Sec 14 T23N R06W</u>
Telephone No. <u>(662)</u> _____	<u>3.81</u> Miles <u>West</u> of <u>Merigold</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-28-17 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: 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): 40 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 N/A

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation N/A

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.

Perkin Overstreet 00008026 7/3/17 Perkin Overstreet

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

G284



P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 688-9076
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

June 19, 2017

Pemble Farms
PO Box 428
Merigold MS 38759

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50077
which will be replacing GW-13472 well located at
Location: SE¼ of the NW¼ Section 14 Township 23N Range 06W County Bolivar
Latitude: 33 50 47 Longitude 90 47 35

Dear Pemble Farms:

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