

STATE WELL REPORT

Part 1 140

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 #: G 295
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: 50677
Driller: Gallen Williams
Date drilling completed: June 15

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>Circle K JV</u>	Latitude: <u>33 52 10</u> Longitude: <u>90 51 48</u>
Mailing Address: <u>684 Laughlin Rd</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Cleveland</u> City <u>MS</u> State <u>39206</u> Zip code	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
Telephone No. () - -	<u>NW 1/4 SW 1/4, Sec 06 T 23 N R 06 W</u>
	<u>6</u> Miles <u>W</u> of <u>Pace MS</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data	
Date drilling started: <u>June 15</u>	Date drilling completed: <u>June 15</u> Hole depth: <u>117</u> Hole diameter: <u>2 1/2"</u>
Location of the source of any surface water used for drilling: <u>near by well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input 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): _____	
Purpose of borehole (check one): <input type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	

If drilling is not related to water well construction, skip the remainder of this block

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	
<input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface	Date measured: _____
<small>(check one)</small>	
Method of Measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____	
Well depth: _____ Well grouted to a depth of: _____ feet	Type of grout (check one): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: _____ feet Casing diameter: _____ inches	Type of casing: _____
Screen length: _____ feet Screen diameter: _____ inches	Type of screen: _____
Screen slot size: _____ inches	Setting depth: From _____ feet to _____ 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	
<input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ Feet	

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

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

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County: Bolivar
 Permit #: 50677
 Driller: Mullen William
 Date drilling completed: June 17, 19
Copy information from block on Part 1

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)

Well #: G 295
 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>Circle H JV</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>684 Laughlin Rd</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>NW SW 1/4 SW 1/4, Sec 06 T 23 N R 06 W</u>
City _____ State _____ Zip code _____	<u>6</u> Miles <u>N</u> of <u>PALE MS</u> <small>(Distance) (Direction) (Nearest Town)</small>
Telephone No. () - _____	

Pump Type (check one)

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

Date Pump Installed June 17, 19 Rated Pump Capacity: 1600 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: 80' feet Number of Stages: 1

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 4 1/2' 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: _____

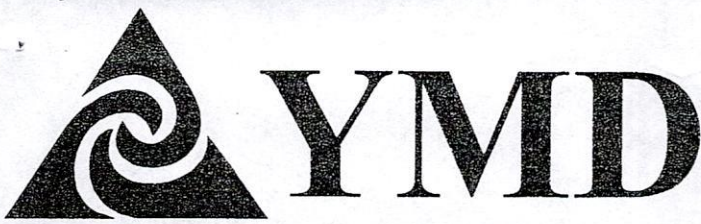
Is This Meter (check one): New Repaired Replacement

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.

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

William Mullen 11-18-19 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)

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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

March 22, 2019

Circle H JV
684 Laughlin Road.
Cleveland, MS 38732

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50677**
which will be replacing GW-05866 well located at
Location: SW1/4 of the SW ¼ Section 06 Township 23N Range 06W County Bolivar
Latitude: 33 52 10 Longitude 90 51 48

Dear Circle H JV / Harry Howarth,

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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