

## STATE WELL REPORT

133

County: Bolivar  
 Permit #: GW-51276  
 Driller: Peyton Overstreet  
 Date drilling completed: 8-18-20

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)961-5555  
 (601)961-5228 (fax)

## For Office Use Only:

Well #: G 297  
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lake Shore Farms LLC</u>	Latitude: <u>33.4941</u> Longitude: <u>90.4720</u>
Mailing Address: <u>1803 Woodfield Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite B</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Savoy</u> <u>TL</u> <u>61874</u>	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>23</u> T. <u>23N</u> R. <u>06W</u>
City State Zip Code	<u>3.5</u> Miles <u>SW</u> of <u>Merigold</u>
Telephone No. ( )	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>8-18-20</u> Date drilling completed: <u>8-18-20</u> Hole depth: <u>125</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>ditch nearby</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> <sup>NO</sup> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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): <input type="checkbox"/> 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>48</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface (check one) Date measured: <u>8-19-20</u>	
Method of measurement (check one) <input type="checkbox"/> 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 (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 (check 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: _____ feet	
If telescoped or more than one screen, describe on next page	

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 AUG 28 2020  
 BY OLWR

Replacement



County: Bolivar  
 Permit #: GW-51276

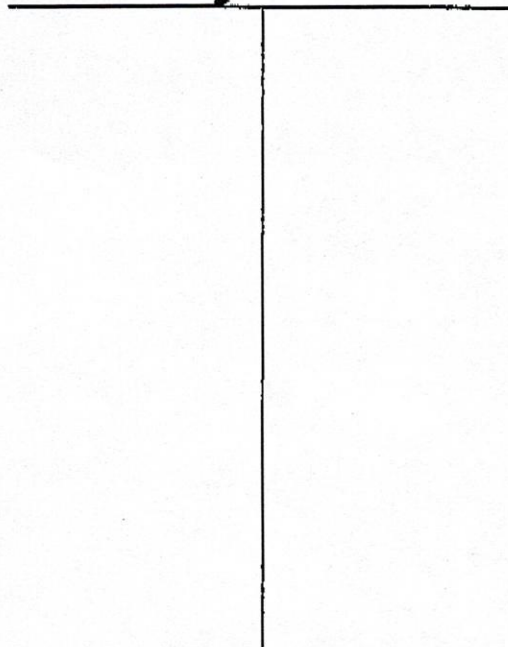
## For Office Use Only:

Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



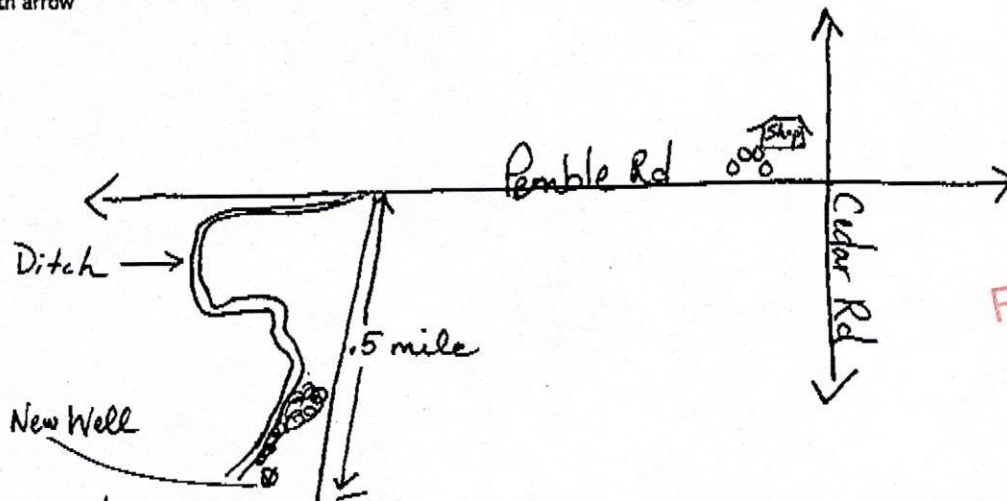
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil / Clay	Ground level	15
Clay	15	25
Clay & Fine Sand	25	35
Fine & med. Sand	35	45
Med. & Coarse Sand	45	55
Coarse Sand	55	65
Coarse Sand	65	75
Coarse Sand / Pea Gravel	75	85
Coarse Sand / Pea Gravel	85	95
Coarse Sand / Pea Gravel	95	105
Coarse Sand / Pea Gravel	105	115
Coarse Sand / Pea Gravel	115	125

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) north arrow



Landowner Name: Lake Shore Farms

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.

Payton Overstreet 00008026 8-28-20 Payton Overstreet  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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



## STATE WELL REPORT

County: Polk  
 Permit #: GW-51276  
 Driller: Payton Overstreet  
 Date completed: 8-18-20  
*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)

**For Office Use Only:**  
 Well #: G 297  
 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>Lake Shore Farms LLC</u>			Latitude: <u>33.4941</u>	Longitude: <u>90.4720</u>
Mailing Address: <u>1803 Woodfield Dr</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Suite B</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
<u>Savoy</u>	<u>IL</u>	<u>61874</u>	<u>NE 1/4 NW 1/4, Sec 23 T.23N R.06W</u>	
City	State	Zip Code		
Telephone No. ( ) _____			<u>3.5</u> Miles <u>SW</u> of <u>Merigold</u>	
			(Distance) (Direction) (Nearest Town)	

**Pump Type (check one)**  
 Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
 Date Pump Installed: 8-19-20 Rated Pump Capacity: 2900 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: 80 feet Number of Stages: 1

**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): 48 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 (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.  
Payton Overstreet 00008026 8-28-20 Payton Overstreet  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer





Don R. Christy, PhD  
Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

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## Yazoo Mississippi Delta Joint Water Management District

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August 13, 2020

### RE: CONSTRUCTION NOTICE

Lake Shore Farms LLC  
1803 Woodfield Dr. Suite B  
Savoy, IL 61874

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51276  
which will be replacing GW-06634 well located at

Location: NE1/4 of the NW 1/4 Section 23 Township 23N Range 06W County Bolivar  
Latitude: 33.4941N Longitude -90.4720

Dear Lake Shore 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 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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AUG 28 2020  
BY OLWR