

### 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)

County: Bolivar  
 Permit #: GW-50328 ✓  
 Driller: Jonathan Gordon  
 Date drilling completed: 5-3-18

**For Office Use Only:**  
 Well #: H226  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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 MAY 08 2018

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.

**OLWR**

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Hall Warlick</u>	Latitude: <u>33° 48' 24.87"</u> Longitude: <u>90° 41' 51.64"</u>
Mailing Address: <u>1115 College St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland</u> <u>MS</u> <u>38732</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <sup>SW</sup> <u>NE</u> <sup>SE</sup> <u>Sec 34</u> <sup>27</sup> <u>T23N R06W</u>
Telephone No. <u>(662) 588-1115</u>	<u>2.5</u> Miles <u>NW</u> of <u>Merigold</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-3-18 Date drilling completed: 5-3-18 Hole depth: 116' Hole diameter: 2.6"

Location of the source of any surface water used for drilling: Existing Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_ Replaces MS-GW-0677

Purpose of borehole (circle 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 (circle 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: 44' feet (above or below land surface) Date measured: 5-8-18  
(circle one)

Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

Well depth: 116' Well grouted to a depth of: 10' feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 76' feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: \_\_\_\_\_ inches Setting depth: From 76' feet to 116' feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

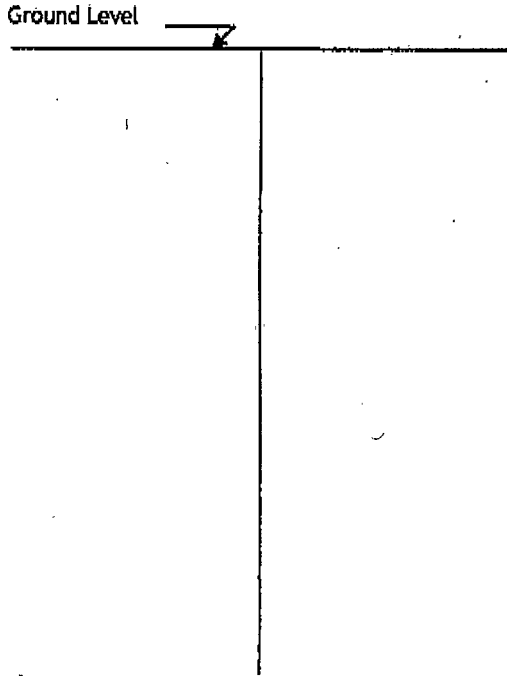
Top of lap pipe or reduction in casing: N/A feet

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

County: Bolivar  
Permit #: GW-50328

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

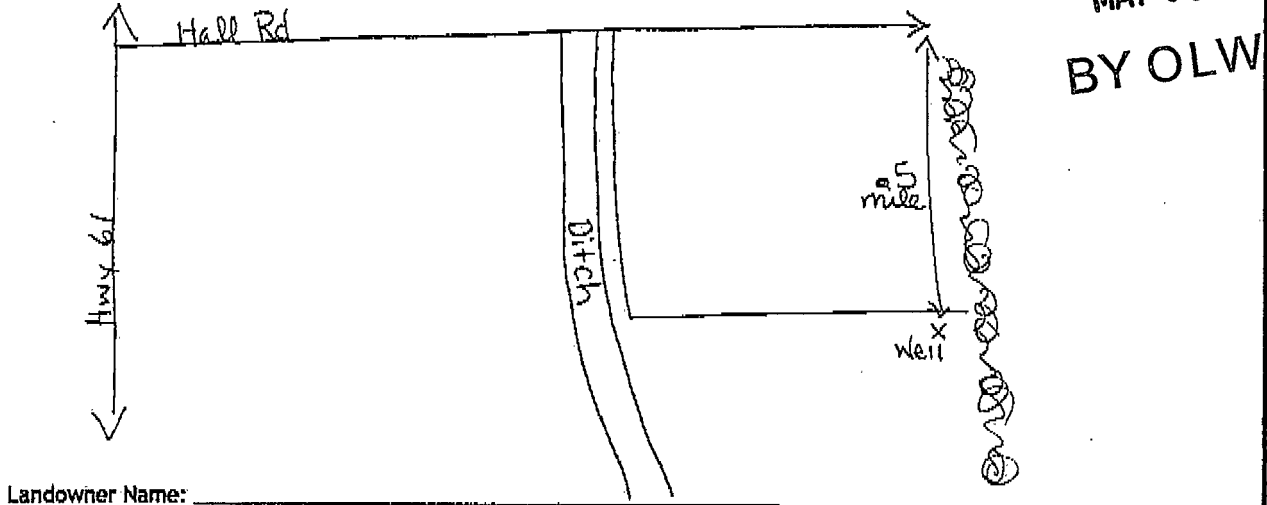


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil + Clay	Ground level	15
Fine Sand	15	45
Medium Sand	45	75
Coarse Sand	75	85
Coarse Sand	85	95
Coarse Sand	95	105
Coarse Sand + Gravel	105	115
Clay	115	116

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



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BY OLWR

Landowner Name: \_\_\_\_\_

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.

Peyton Overstreet 00008026     5-8-18     Peyton Overstreet  
Print Name of Responsible Licensee and License No.     Date     Signature of Licensee

### 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)

County: Bolivar  
 Permit #: GW-50328  
 Driller: Jonathan Gordon  
 Date completed: 5-8-18  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: H226  
 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>Hall Warlick</u>	Latitude: <u>33°48'24.87"</u> Longitude: <u>90°41'51.64"</u>
Mailing Address: <u>1115 College St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland</u> <u>MS</u> <u>38732</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>NWSW</u> <u>NE</u> <u>SE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Sec <u>34</u> <u>27</u> <u>23N</u> <u>R05W</u>
Telephone No. <u>(662) 588-1115</u>	<u>2.5</u> Miles <u>NW</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: 5-8-18 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: 60 Setting Depth: 80 feet Number of Stages: 2

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**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): 44' 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**  
 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 (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.  
Payton Overstreet 00008026 5-8-18 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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H226

February 15, 2018

Hall Warlick  
1115 College Street  
Cleveland, MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50328  
which will be replacing MS-GW-06777 located at  
Location: NW ¼ of the NE ¼ Section 34 Township 23N Range 05W County Bolivar  
Latitude: 334818 Longitude: 904158

Dear Hall Warlick,

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

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