

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 #: P228
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: GW-50102
Driller: Jonathan Gordon
Date drilling completed: 7-22-17

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 <i>Pay From</i>			Well or Borehole Location	
(Landowner if borehole is not for a water well)				
Owner Name:	<u>David Crocker</u>		Latitude:	<u>33° 40' 51.15"</u>
Mailing Address:	<u>717 Howard Road</u>		Longitude:	<u>90° 48' 40.65"</u>
City:	State:	Zip Code:	Method of Lat/Long (check one): Conventional Survey _____	
<u>Boyle</u>	<u>MS</u>	<u>38730</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (<u>662</u>) <u>588-7745</u>			<u>NE 1/4 SW 1/4, Sec 10¹⁰ T 21N R 6W</u>	
			<u>5.09</u> Miles	<u>SW</u> of <u>Boyle</u>
			(Distance)	(Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-22-17 Date drilling completed: 7-22-17 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: ditch about 1 mile away

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): None run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Replacement for MS-GW-11804

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: 4 feet (above or below land surface (circle one) Date measured: 7-23-17

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

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 125 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

Replacement Well

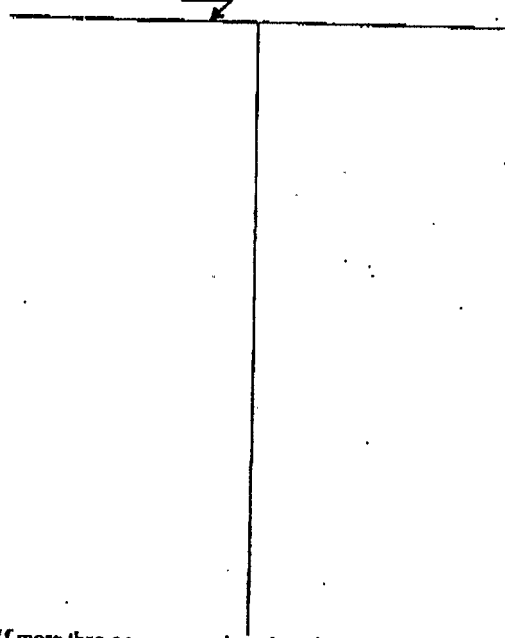
County: Bolivar
 Permit #: GW-50102

For Office Use Only:
 Well #: P228

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



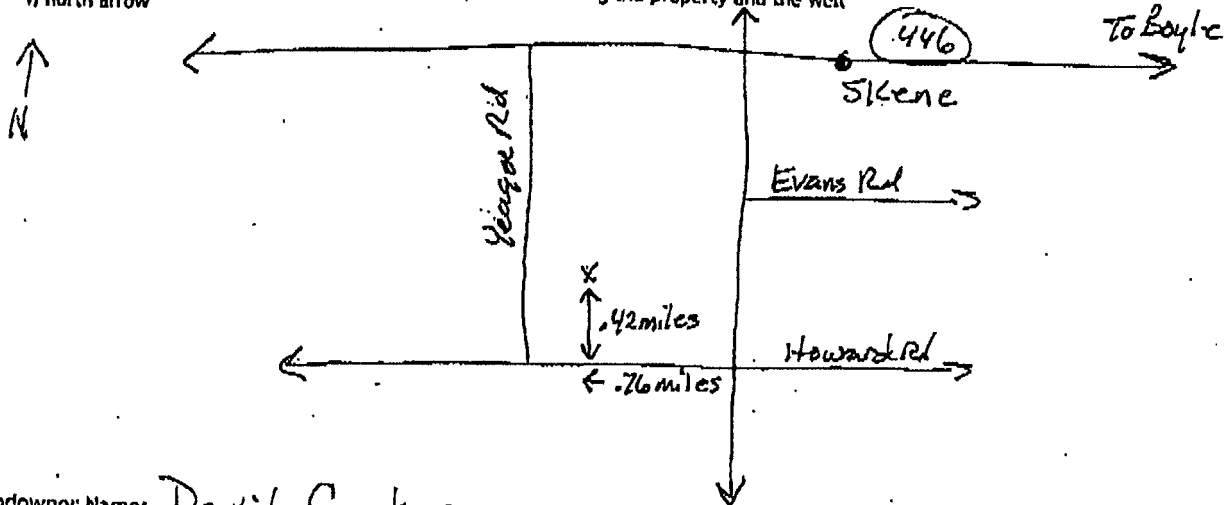
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & CLAY	Ground level	17
Medium Sand	17	25
Medium Sand	25	45
Medium / Coarse Sand	45	55
Coarse Sand	55	65
Coarse Sand & Pea Gravel	65	95
Coarse Sand & Layer Gravel	95	105
Coarse Sand & Pea Gravel	105	115
Coarse Sand to Medium Sand	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: David Crocker

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.

Reuben Overstreet 0008026 7/24/17 Reuben 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)

For Office Use Only:
 Well #: P228
 Aquifer: _____

County: Bolewa
 Permit #: GW-50102
 Driller: Jonathan Gordon
 Date completed: 7-23-17
 Copy information from block on Part 1

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>David Crocker</u>	Latitude: <u>33° 40' 51.15"</u>		Longitude: <u>90° 48' 40.65"</u>		
Mailing Address: <u>717 Howard Road</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Boyle</u>	<u>MS</u>	<u>38730</u>	<u>NE 1/4 SW 1/4, Sec 10, T. 21N R. 6W</u>		
City	State	Zip Code	<u>5.09 Miles SW of Boyle</u>		
Telephone No. <u>(662) 589-2745</u>	(Distance)		(Direction)		(Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-23-17 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement Existing
Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Gear Drive
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

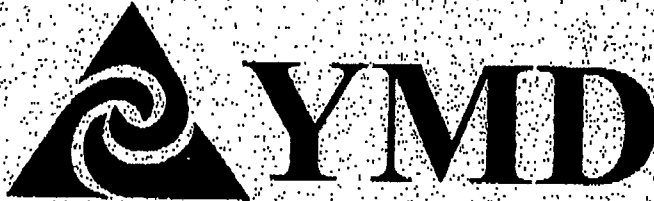
Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 41 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons 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 00208026 7/24/17 Payton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

P228



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

July 21, 2017

David Crocker
717 Howard Road
Boyle MS 38730

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50102
which will be replacing GW-11804 well located at
Location: NW¼ of the SW¼ Section 10 Township 21N Range 06W County Bolivar
Latitude: 33 40 44 Longitude 90 48 42

Dear David Crocker:

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