

Sent to Chad
6/30/18 164

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)

For Office Use Only:

Well #: C163
Aquifer: _____
E-Log #: _____

County: Coahoma
 Permit #: GW-50419 ✓
 Driller: Chad Mattox
 Date drilling completed: 6/13/18

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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Southpaw Farms</u>	Latitude: <u>34 21 22</u> Longitude: <u>90 24 27</u>
Mailing Address: <u>PO Box 610</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> MS <u>38676</u>	<u>NW 1/4 SE 1/4, Sec 28 T 29N R 02W</u>
City State Zip Code	<u>3 1/2</u> Miles <u>NE</u> of <u>Jonestown</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/13/18 Date drilling completed: 6/13/18 Hole depth: 130' Hole diameter: 24"

Location of the source of any surface water used for drilling: _____

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): _____

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: 11 feet [above or below] land surface Date measured: 6/13/18
(circle one)

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

Well depth: 130' Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 ⁹⁵ feet to 90 ¹³⁰ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole 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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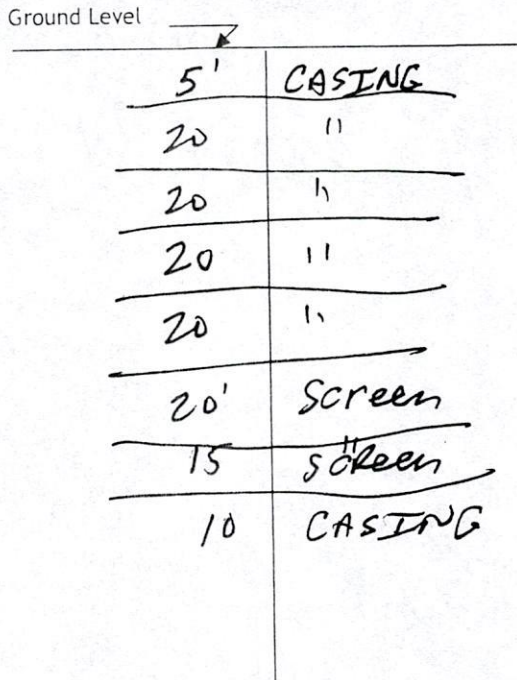
18-0359

County: COAHOMA
 Permit #: GW-50419

For Office Use Only:
 Well #: 0163

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	Ground level	10
Fine Sand	10	25
Fine Sand + clay	25	30
Clay	30	66
MED SAND	66	130

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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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.

Clayton M. Fox License No. LPN-8243 Date 4/1/13 Signature of Licensee [Signature]

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 #: C163
 Aquifer: _____

County: Coahoma
 Permit #: GW-50419
 Driller: Chad Mattox
 Date completed: 6-13-18
 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>Southpaw Farms</u>	Latitude: <u>34 21 22</u> Longitude: <u>90 24 27</u>
Mailing Address: <u>PO Box 610</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	NW <input checked="" type="checkbox"/> SE <input checked="" type="checkbox"/> E, Sec. <u>28</u> T <u>29N</u> R <u>02W</u>
Telephone No. (_____) _____	<u>3.5</u> Miles <u>NE</u> of <u>Jonestown</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-14-18 Rated Pump Capacity: 850 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: 15 Setting Depth: 70 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): 11 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 (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 _____

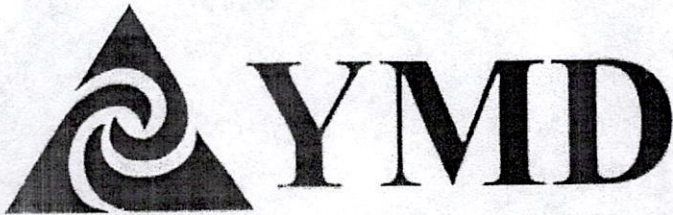
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DANEO P. HOLT 0-752P 7-2-18

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



C163

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

April 18, 2018

Southpaw Farms
PO Box 610
Tunica, MS 38676

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50419**
which will be replacing GW-48476 well located at
Location: NW1/4 of the SE 1/4 Section 28 Township 29N Range 02W County Coahoma
Latitude: 34 21 22 Longitude 90 24 27

Dear Southpaw 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

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