

emailed Chad 11-10-20

666

County: COAHOMA
 Permit #: GW-51392
 Driller: CHAD MATTOX
 Date drilling completed: 11/10/20

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 #: E 171
 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) Owner Name: <u>STOVALL FAMILY ENTERPRISES LLC</u> Mailing Address: <u>41464 STOVALL ROAD</u> <u>CLARKSDALE</u> MS <u>38614</u> City State Zip Code Telephone No. (____) _____			Well or Borehole Location Latitude: <u>34 16 00.13N</u> Longitude: <u>90 38 33.50W</u> <u>34.267222</u> <u>-90.646667</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>30</u> T <u>28N</u> R <u>04W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data

Date drilling started: 11/10/20 Date drilling completed: 11/10/20 Hole depth: 105' 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 (check 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 (check 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: 17 feet above / below land surface Date measured: _____
 (select one)

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

Well depth: 105' Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

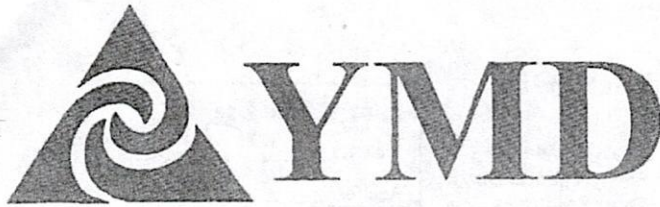
Screen slot size: .032 inches Setting depth: From 65 feet to 105 feet

Type of completion (check 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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Job # 20-1010
Revised
GW-

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

GRS

October 14, 2020

RE: CONSTRUCTION NOTICE

Stovall Family Enterprises LLC
4146 Stovall Road
Clarksdale, MS 38614

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51392
which will be replacing GW-06240 well located at

Location: NW 1/4 of the SE 1/4 Section 30 Township 28N Range 04W County Humphreys
Latitude: 34.26906N Longitude -90.642738

Dear Stovall Family Enterprises 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

Stovall Ent.

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
County: COAHOMA
Permit #: GW-51392

For Office Use Only:
Well #: _____

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level 

5	CASING
25	CASING
45	CASING
65	CASING
85	SCREEN
105	SCREEN

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	10
FINE & MEDIUM SAND	10	20
MEDIUM SAND & PEA GRAVEL	20	30
MEDIUM SAND	30	40
MEDIUM SAND	40	50
MEDIUM SAND	50	60
MEDIUM SAND	60	70
MEDIUM SAND & PEA	70	80
MEDIUM SAND & PEA & GRAVEL	80	90
MEDIUM SAND & PEA & GRAVEL	90	100
MEDIUM SAND & PEA & GRAVEL	100	105

If more than one screen, show location of each on sketch

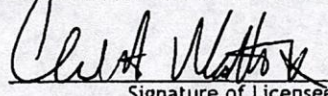
Sketch the property layout and include the following:

- 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.

CHAD MATTOX	UNR 8243	<u>11/22/20</u>	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	

Drive 9.4 miles, 17 min

Google Maps 420 Rain St, Clarksdale, MS to Coahoma County School District, Mississippi



Imagery ©2020 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020 500 ft

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- via Oakhurst Stovall Rd
Fastest route
17 min
9.4 miles
- via E Lee Dr and Oakhurst Stovall Rd
17 min

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 #: E 171
Aquifer: _____

County: COAHOMA
Permit #: GW-51392
Driller: CHAD MATTOX
Date completed: _____
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>STOVALL FAMILY ENTERPRISES LLC</u>	Latitude: <u>34 16 00.13N</u> Longitude: <u>90 38 33.50W</u>
Mailing Address: <u>41464 STOVALL ROAD</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> <u>34.267222</u> , <u>-90.646667</u>
<u>CLARKSDALE</u> <u>MS</u> <u>38614</u>	USGS quad <input type="radio"/> <u>NW</u> <input type="radio"/> <u>SE</u> <input type="radio"/> <u>SW</u> <input type="radio"/> <u>NE</u> , Hand-held GPS <input type="radio"/> <u>0</u> , Survey-grade GPS <input type="radio"/> <u>0</u>
City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>30</u> T <u>28N</u> R <u>04W</u>
Telephone No. (____) _____	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 12-7-20 Rated Pump Capacity: 1200 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ Setting Depth: 60 Sixty feet Number of Stages: 1

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Pump Test Data for Non Flowing Well

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

Static Water Level (A): 17 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 (select 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.

David P. Holt 0-752P _____

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