

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 #: **K113**
Aquifer: **MRVA**
E-Log #: _____

County: COAHOMA
Permit #: GW-50920
Driller: CHAD MATTOX
Date drilling completed: 8/14/19

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>OMEGA PLANTATION</u>	Latitude: <u>34.1875</u> Longitude: <u>90.475278</u>
Mailing Address: <u>PO BOX 330</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>LYON</u> <u>MS</u> <u>38615</u>	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>26</u> T <u>27N</u> R <u>03W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>902-0624</u>	

permit lat/
long

Well / Borehole Data

Date drilling started: 8/14/19 Date drilling completed: 8/14/19 Hole depth: 123 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: 24 feet above/ below land surface Date measured: 8/14/19
(select one)

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

Well depth: 123 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 83 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 83 feet to 123 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





County: COAHOMA
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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	
CASING	20
CASING	40
CASING	60
SCREEN	80
SSCREEN	100
SCREEN	123

Description of Formations Encountered	From (depth) To (depth)	
	Ground level	10
FINE SAND	10	20
FINE SAND	20	30
COURSE SAND	30	40
MEDIUM SAND	40	50
MEDIUM SAND AND PEA GRAVEL	50	60
MEDIUM SAND AND PEA GRAVEL	60	70
MEDIUM SAND AND PEA GRAVEL	70	80
MEDIUM SAND AND PEA GRAVEL	80	90
COURSE SAND AND GRAVEL	90	100
MED SAND, PEA GRAVEL AND GRAVEL	100	110
MED SAND, PEA GRAVEL AND GRAVEL	110	123

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: _____

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 8/29/19
 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 #: **K113**
 Aquifer: _____

County: COAHOMA
 Permit #: GW-50920
 Driller: CHAD MATTOX
 Date completed: 8/21/19
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>OMEGA PLANTATION</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 330</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>LYON</u> <u>MS</u> <u>38615</u>	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>26</u> T <u>27N</u> R <u>03W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>902-0624</u>	

Pump Type (select one)

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

Date Pump Installed: 8/21/19 Rated Pump Capacity: 2600 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: 350 Setting Depth: 70 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 24 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 8/21/19 _____
 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

19-0632

Yazoo Mississippi Delta Joint Water Management District

August 12, 2019



Omega Plantation
Bowen Flowers
PO Box 330
Lyon, MS 38615

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50920**
which will be replacing GW-41060 well located at
Location: NW1/4 of the NE1/4 Section 26 Township 27N Range 03W County Coahoma
Latitude: 34.1875 Longitude -90.475278

Dear Mr. Flowers:

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

19-0632