

# STATE WELL REPORT

County: COAHOMA  
 Permit #: GW-51644  
 Driller: CHAD MATTOX  
 Date drilling completed: 7/10/21

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 #: M145  
 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.*

<b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>LENNARD LEGACY LLC</u> Mailing Address: <u>2900 SOUTH NATIONAL AVENUE</u> <u>SPRINGFIELD</u> MS <u>65804</u> City State Zip Code Telephone No. (____) _____			<b>Well or Borehole Location</b> Latitude: <u>34.157820</u> Longitude: <u>-90.536200</u> <u>34 09 28.2</u> <u>90 32 10.3</u> Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/> USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> <u>SW</u> <u>NW</u> <u>NW</u> <u>1/4</u> Sec <u>05</u> T <u>26N</u> R <u>03W</u> <u>1</u> Miles <u>S</u> of <u>CALRKSDALE</u> (Distance) (Direction) (Nearest Town)		
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**Well / Borehole Data**

Date drilling started: 7/10/21 Date drilling completed: 7/10/21 Hole depth: 115 Hole diameter: 19

Location of the source of any surface water used for drilling: NEARBY WELL

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: 54 feet  above /  below land surface Date measured: 7/10/21  
 (select one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 70 feet to 115 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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 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level     

15	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
		10
CLAY	10	20
FINE SAND & CLAY	20	55
MED SAND & PEA GRAVEL	55	90
COARSE SAND & PEA GRAVEL	90	100
MED SAND & PEA GRAVEL	100	115

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  
 Print Name of Responsible Licensee and License No.

8/15/21  
 Date

Chad Mattox  
 Signature of Licensee

Form: OLWR-SWR-1B (4/13)

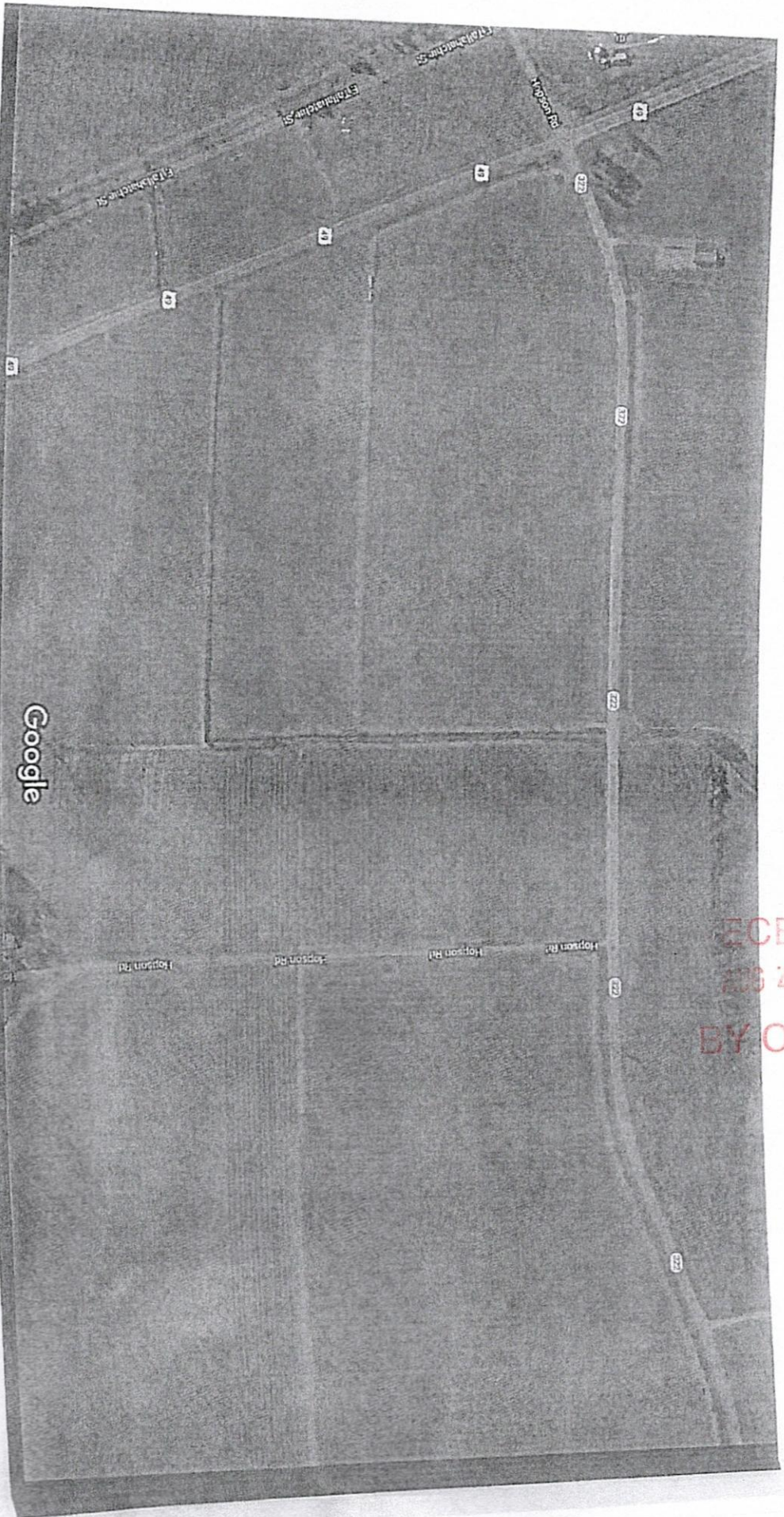
**CIRCLE S IRRIGATION INC. TO INSTALL PUMP**

7/17/2021

34°09'28.2"N 90°32'10.3"W - Google Maps

Google Maps 34°09'28.2"N 90°32'10.3"W

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Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021

200 ft

https://www.google.com/maps/@34.1578244,-90.538394,730m/data=!3m2!1e3!4b1!4m5!3m4!1s0x0:0x018m2:3d34.1578214d-90.5362

County: COAHOMA  
 Permit #: GW-51644  
 Driller: CHAD.MATTOX  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

## 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 #: M  
 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.*

<b>Well Owner Information</b>			<b>Well Location</b>		
Owner Name: <u>LENNARD LEGACY LLC</u>			Latitude: <u>34.157820</u>	Longitude: <u>-90.536200</u>	
Mailing Address: <u>2900 SOUTH NATIONAL AVENUE</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/>		
<u>SPRINGFIELD</u>	<u>MS</u>	<u>65804</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>		
City	State	Zip Code	SW <input type="radio"/> NW <input type="radio"/> SE <input type="radio"/> NE <input type="radio"/> T <u>05</u> R <u>03W</u>		
Telephone No. (____) _____			1 Miles <u>S</u> of <u>CALRKSDALE</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (select one)**

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

Date Pump Installed: 7/10/21 Rated Pump Capacity: 1600 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: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 54 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                      7/17/21                      

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

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