

Ann Chad  
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### 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  
(601)961-5210  
(601)961-5228 (fax)

County Coahoma  
 Permit # GW-50484  
 Driller: Chad Mattox  
 Date drilling completed: 7-23-18

For Office Use Only:  
 Aquifer: 0172  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 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.

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Christopher Lively</u>          Mailing Address: <u>5073 Willis Rd.</u>  <u>Tutwiler MS 38963</u>          City State Zip Code          Telephone No. <u>(662) 624-8668</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 00' 44.14"</u> Longitude: <u>90° 30' 10.97"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 27 Twn 25N Rng 03W</u>          Distance Direction Nearest Town  <u>4.14</u> Miles <u>SW</u> of <u>Dublin</u></p>
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**Well / Borehole Data**

Date drilling started: 7-23-18 Date drilling completed: 7-23-18 Hole depth: 125<sup>ft</sup> 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 (check 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 one): Home \_\_\_ Industrial \_\_\_ Public Supply \_\_\_ Irrigation  Fish Culture \_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 7-23-18

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

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

Casing length: 85' 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 60 85 feet to 80 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →	
5'	Casing
20'	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)	To (depth)
TOP Soil	Ground Level	10
clay + fine sand	10	16
course	16	22
<del>clay</del> Course	22	43
clay + fine sand	43	53
fine sand	53	56
fine sand	56	60
course	60	68
course	68	70
med. sand + pea gravel	70	80
med. sand, pea gravel, gravel	80	90
" " " " "	90	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) a north arrow.

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Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

I 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.

0172-3243 Charles H. Whitford  
Print Name of Responsible Licensee and License No.

4/1/19  
Date

Charles H. Whitford  
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 #: Ø 172  
 Aquifer: \_\_\_\_\_

County: Coahoma  
 Permit #: GW-50484  
 Driller: Chad Mattox  
 Date completed: 7-23-18  
*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>Christopher Lively</u>	Latitude: <u>34 00 44.14</u> Longitude: <u>90 30 10.97</u>
Mailing Address: <u>5073 Willis Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tutwiler</u> <u>MS</u> <u>38963</u>	<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>27</u> T <u>25N</u> R <u>03W</u>
City State Zip Code	<u>4.14</u> Miles <u>SW</u> of <u>Dublin</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-24-18 Rated Pump Capacity: 3000 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: 600 Setting Depth: 70 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): 16 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

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**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

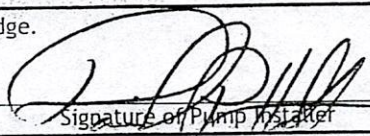
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

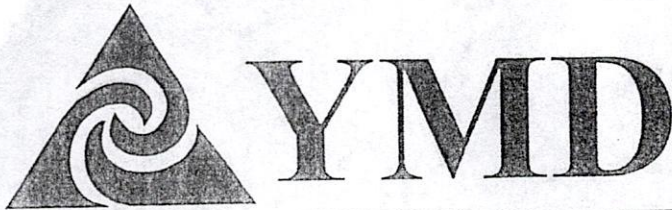
Is This Meter (circle one): New Repaired Replacement

*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 0-752 P 8-13-18 

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

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Yazoo Mississippi Delta Joint Water Management District

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March 4, 2019

Christopher Lively  
5073 Willis Road  
Tutwiler, MS 38963

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50484  
which will be replacing MS-GW-05375 located at  
Location: NW ¼ of the NW ¼ Section 27 Township 25N Range 03W County Coahoma  
Latitude: 340048 Longitude: 903000

Dear Christopher Lively,

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.*

Dillard Melton Jr.  
Permitting Director

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