

County: Holmes
Permit #: GW-49616
Driller: Irrigation Equipment, Inc.
Date drilling completed: 6-13-16

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 #: B60
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)			Well or Borehole Location		
Owner Name: <u>Pinchback Lake Plantation</u>			Latitude: <u>33 18' 55.6"</u> Longitude: <u>90 11' 44.6"</u>		
Mailing Address: <u>PO Box 926</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Aberdeen</u> <u>MS</u> <u>39730</u>			<u>NE 1/4 NE 1/4</u> , Sec <u>28</u> T <u>17N</u> R <u>1E</u>		
City State Zip code					
Telephone No. <u>() -</u>			Miles <u>East</u> of <u>Cruger</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>6-13-16</u>	Date drilling completed: <u>6-13-16</u> Hole depth: <u>121'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
<input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>13</u> feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6-15-16</u>	
(check one)	
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____	
Well depth: <u>121'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>81</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>82</u> feet to <u>121</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
<input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ Feet	

If telescoped or more than one screen, describe on next page

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

County: **Holmes**
Permit #: **GW-49616**

For Office Use Only:
Well #: B.60

If well telescopes, show depths on sketch.

A diagram showing a vertical line. At the top, a horizontal line intersects it. The horizontal line is labeled "Ground level" on the left. An arrow points from the horizontal line down to the vertical line at the intersection point.

[illegible]

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

Received
AUG 26 2016
BY OLWR

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.

0695

8-15-16

Print Name of Responsible Licensee and License No.

Date _____

~~Signature of Licensee~~

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

County: Holmes
Permit #: GW-49616
Driller: Irrigation Equipment, Inc.
Date drilling completed: 6-13-16
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 #: B60
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.

Well Owner Information		Well Location	
Owner Name: <u>Pinchback Lake Plantation</u>		Latitude: <u>33 18' 55.6"</u>	Longitude: <u>90 11' 44.6"</u>
Mailing Address: <u>PO Box 926</u>		Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Aberdeen</u>	<u>MS</u>	<u>NE 1/4 NE 1/4, Sec 28 T 17N R 1E</u>	
City	State	Zip code	
Telephone No. <u>() -</u>		Miles <u>East</u> of <u>Cruger</u>	
		(Distance)	(Direction) (Nearest Town)

Pump Type (check one)	
<input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed <u>6-15-16</u>	Rated Pump Capacity: <u>2100+/-</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ Hours
Static Water Level (A): _____ 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 (check one): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>0695</u>	<u>8-15-16</u>
Print Name of Pump Installer and License No. (if applicable)	Date
	Signature of Pump Installer
	Form: OLWR-SWR-1B (4/13)



Yazoo Mississippi Delta Joint Water Management District

B60

Dean A. Pennington, PhD
Executive Director

P. O. Box 129
Stoneville, MS 38776

Tel.: (662) 686-7712

Fax: (662) 686-9078

www.ymd.org

August 12, 2016

Pinchback Lake Plantation
PO Box 926
Aberdeen, MS 39730

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49616
which will be replacing Non-permitted Well located at

Location: NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ Section 28 Township 17N Range 01E County Holmes

Latitude: 33 18 56 Longitude 90 11 45

Dear Pinchback Lake Plantation:

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,

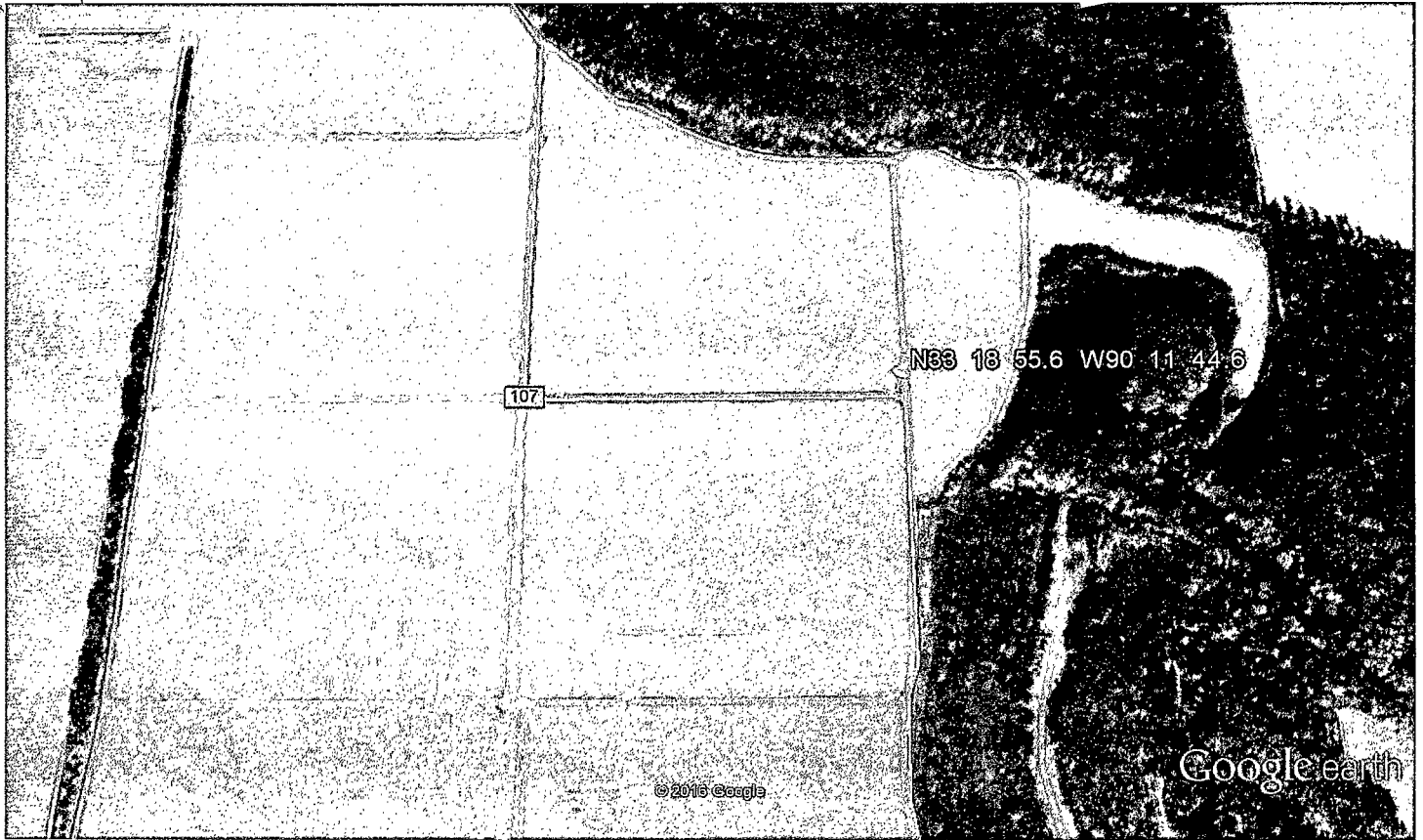
Dillard Melton, Jr
Permitting Director

Received

AUG 26 2016

BY OLWR

B 60



Google earth



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BY OLWR