

# 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)961-5555  
(601)961-5228 (fax)

### For Office Use Only:

Well #: E056  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Humphreys  
Permit #: MS-GW-50055  
Driller: Chad Mattox  
Date drilling completed: 08/05/17

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jonathan Swarek</u>	Latitude: <u>33-95-4.3</u> Longitude: <u>90-40-14.6</u> ✓
Mailing Address: <u>10491 State Hwy 12</u>	Method of Lat/Long (check one): Conventional Survey _____
Isola <u>MS</u> 38754	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec. <u>12</u> T <u>15N</u> R <u>05W</u>
Telephone No. (____) _____	<u>8</u> Miles <u>W</u> of <u>Belzoni</u>
	<small>(Distance) (Direction) (Nearest Town)</small>

**Well / Borehole Data**

Date drilling started: 08/05/17 Date drilling completed: 08/05/17 Hole depth: 115 Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable):  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 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: 23 feet  above or  below land surface Date measured: 08/06/17

(check one)

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

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

Casing length: 75 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 115 feet to 75 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

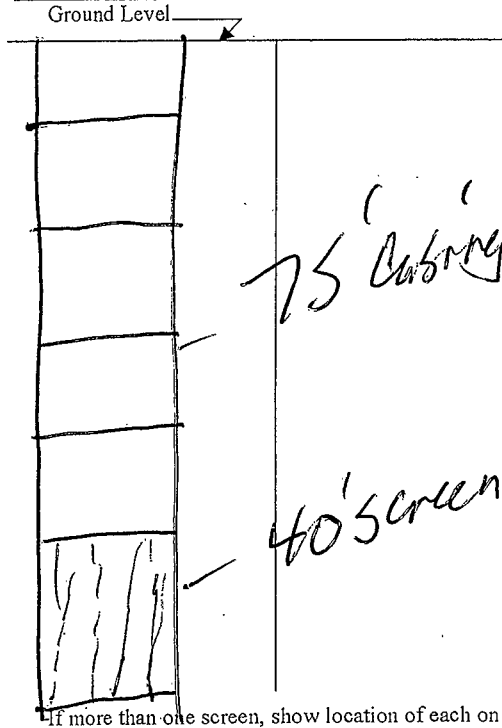
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
Dirt / Clay	Ground Level	15'
Clay	16'	25'
Clay / sand	26'	35'
Sand / coarse sand	36'	45'
Coarse sand	46'	55'
Coarse sand / gravel	56'	65'
"	66'	75'
"	76'	85'
"	86'	95'
"	96'	105'
Gravel / clay	106'	115'

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 law.

Chad H. Mattson UNR-8243  
Print Name of Responsible Licensee and License No.

9/6/17  
Date

*[Handwritten Signature]*  
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)

County: <u>Humphreys</u>
Permit #: <u>MS-GW-50055</u>
Driller: <u>Chad Mattox</u>
Date completed: <u>08/06/2017</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>E256</u>
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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Jonathan Swarek</u></p> <p>Mailing Address: <u>10491 State Hwy 12</u></p> <hr/> <p>Isola <u>MS</u> 38754          City State Zip Code</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>33-09-53</u> Longitude: <u>90-40-14.6</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS<sup>X</sup> _____, Survey-grade GPS _____</p> <p><u>SW</u> <math>\frac{1}{4}</math> <u>NW</u> <math>\frac{1}{4}</math>, Sec <u>12</u> T <u>15N</u> R <u>05W</u></p> <p><u>8</u> Miles <u>W</u> of <u>Belzoni</u>          (Distance) (Direction) (Nearest Town)</p>
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<b>Pump Type (check one)</b>
Submersible <input type="checkbox"/> Turbine <input checked="" 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>08/06/17</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement

<b>Power Type (check one)</b>
Electric <input type="checkbox"/> Diesel <input checked="" 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>110</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

<b>Pump Test Data for Non Flowing Well</b>
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>23</u> Feet Below Land Surface Pumping Water Level (B): <u>38</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____

<b>Pump Test Data for Flowing Well</b>
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

<b>Meter Installation</b>
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>

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Chad H. Mattox UNR-8243	09/06/17	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer



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

E256

June 27, 2017

Hwy 12 Farms  
Jonathan Swarek  
10491 State Hwy 12  
Isola, MS 38754

33 95 3.4  
90 40 14.6

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50055  
which will be replacing a non-permitted well located at

Location: SW¼ of the NW¼ Section 12 Township 15N Range 05W County Humphreys  
Latitude: 33 09 44 Longitude 90 40 15

Dear Jonathan Swarek:

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

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\* Attach to Drillers log