

# STATE WELL REPORT

## Part I

### 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 #: J165  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Humphreys  
Permit #: MS-GW-50045  
Driller: Chad Mattox  
Date drilling completed: 08/06/17

*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>Robert Hairston</u>	Latitude: <u>33-4-52</u> Longitude: <u>90-32-31</u>
Mailing Address: <u>P.O. Box 130</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Silver City</u> MS <u>39166</u>	<u>NW 1/4</u> <u>OK</u> <u>NW 1/4</u> <u>NE</u> , Sec <u>07</u> T <u>14N</u> R <u>03W</u>
City State Zip Code	<u>1.5</u> Miles <u>W</u> of <u>Silver City</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 08/06/17 Date drilling completed: 08/06/17 Hole depth: 110 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: 26 feet  above or  below land surface Date measured: 08/07/2017

(check one)

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

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 70 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 110 feet to 70 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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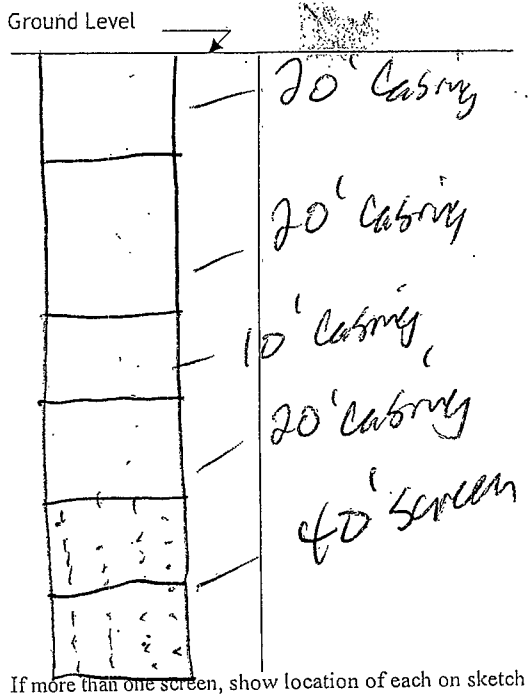
33 4 52  
90 32 31  
Harrison

County: Humphreys  
Permit #: GW-50045

For Office Use Only:  
Well #: 5165

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)
Mud / Clay	Ground level	15
Lean / Fine Sand	16	25
Fine Sand	26	35
Sand	36	45
Sand	46	55
Sand	56	65
Heavy / Coarse Sand	66	75
Heavy Sand	76	85
Heavy Sand	86	95
Heavy Sand / Gravel	96	105
Gravel / Rock	106	110

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 H. Mattox WR-8243 9/6/17  
Print Name of Responsible Licensee and License No. Date

Chad H. Mattox  
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: Humphreys  
 Permit #: MS-GW-50045  
 Driller: Chad Mattox  
 Date completed: 08/07/2017  
Copy information from block on Part 1

**For Office Use Only:**

Well #: J165  
 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>Robert Hairston</u>			Latitude: <u>33-04-52</u> Longitude: <u>90-32-31</u>		
Mailing Address: <u>P.O. Box 130</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <sup>X</sup> _____, Survey-grade GPS _____		
<u>Silver City</u>	<u>MS</u>	<u>39166</u>	NW <input checked="" type="checkbox"/> 1/4 NW NE <input checked="" type="checkbox"/> 1/4, Sec <u>07</u> T <u>14N</u> R <u>03W</u>		
City	State	Zip Code	1.5 Miles <u>W</u> of <u>Silver City</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

**Pump Type (check one)**

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

Date Pump Installed: 08/07/2017 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check 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): 26 Feet Below Land Surface Pumping Water Level (B): 41 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check 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: \_\_\_\_\_

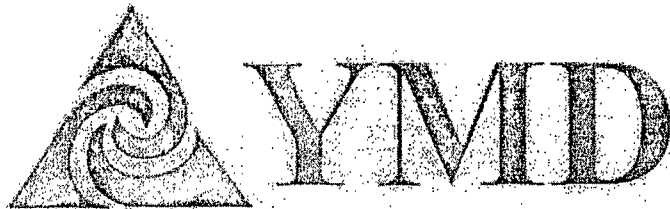
Is This Meter (check one):  New  Repaired  Replacement

*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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Chad H. Mattox UNR-8243 09/05/2017  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



P.O. Box 130  
Silver City, MS 39166  
Tel: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

## Yazoo Mississippi Delta Joint Water Management District

J165

May 18, 2017

Robert A Hairston  
PO Box 130  
Silver City MS 39166

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50045  
which will be replacing non-permitted well located at  
Location: NW $\frac{1}{4}$  of the NW $\frac{1}{4}$  Section 07 Township 14N Range 03W County Humphreys  
Latitude: 33 04 52 Longitude 90 32 30

Dear Robert A Hairston:

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 1.1 (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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