

# STATE WELL REPORT

100

County: Humphreys  
 Permit #: MS-GW-50594  
 Driller: Chad Mattox  
 Date drilling completed: 9/1/18

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 #: J 167  
 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 <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location		
Owner Name: <u>Duck Heaven, LLC</u>			Latitude: <u>33 00 45</u> Longitude: <u>90 31 44</u>		
Mailing Address: <u>6012 Greystone Ct.</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Tuscaloosa</u> State: <u>AL</u> Zip Code: <u>35406</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. (____) _____			NE <u>1/4</u> SW <u>1/4</u> , Sec <u>32</u> T <u>14N</u> R <u>03W</u>		
			<u>4</u> Miles <u>SE</u> of <u>Silver City</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 9/1/18 Date drilling completed: 9/1/18 Hole depth: 105 Hole diameter: 22"

Location of the source of any surface water used for drilling: Adjacent Pond

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: 28 feet  above or  below land surface Date measured: 9/2/18

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 65 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: 1032 inches Setting depth: From 65 feet to 105 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*







# 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 #: J 167

Aquifer: \_\_\_\_\_

County: Hempshires  
 Permit #: MS-GW-30594  
 Driller: Chad Mattox  
 Date completed: 9/2/18  
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>Duck Heaven, LLC</u>	Latitude: <u>33 00 45</u> Longitude: <u>90 31 44</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>6012 Greystone Ct.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tuscaloosa</u> <u>AL</u> <u>35406</u>	<u>NE 1/4 SW 1/4, Sec 32 T 14N R 03W</u>
City State Zip Code	<u>4</u> Miles <u>SE</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: 9/2/18 Rated Pump Capacity: 1600 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: 40 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): \_\_\_\_\_ 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): 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.*

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

Chad H. Mattox UNR-8243 11/1/19 Chad H. Mattox  
 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

---

## Yazoo Mississippi Delta Joint Water Management District

---

September 17, 2018

Duck Heaven LLC  
6012 Greystone Court  
Tuscaloosa, AL 35406

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50594**  
which will be replacing GW-45675 well located at  
Location: NE1/4 of the SW ¼ Section 32 Township 14N Range 03W County Humphreys  
Latitude: 33 00 45 Longitude 90 31 44

*104 25249C  
12" well*

Dear Duck heaven LLC.

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