

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

County: Helena  
 Permit #: GW-50764  
 Driller: Chad Mattox  
 Date drilling completed: \_\_\_\_\_

For Office Use Only:  
 Aquifer: 1  
 Well #: A197  
 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>Michael Wagner</u>          Mailing Address: <u>P.O. Box 457</u>  <u>Sumner</u> <u>MS</u> <u>38957</u>          City State Zip Code          Telephone No. <u>(662) 458-0009</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 48' 08.9"</u> Longitude: <u>90° 23' 58.3"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS  <u>NE</u> ¼ <u>SE</u> ¼ Sec <u>4</u> Twn <u>22N</u> Rng <u>2W</u>          Distance Direction Nearest Town          _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 5/16/19 Date drilling completed: 5/16/19 Hole depth: 110 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: 48 feet above or below (circle one) land surface Date measured: 5/12/19

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle 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 90' feet to 110' feet

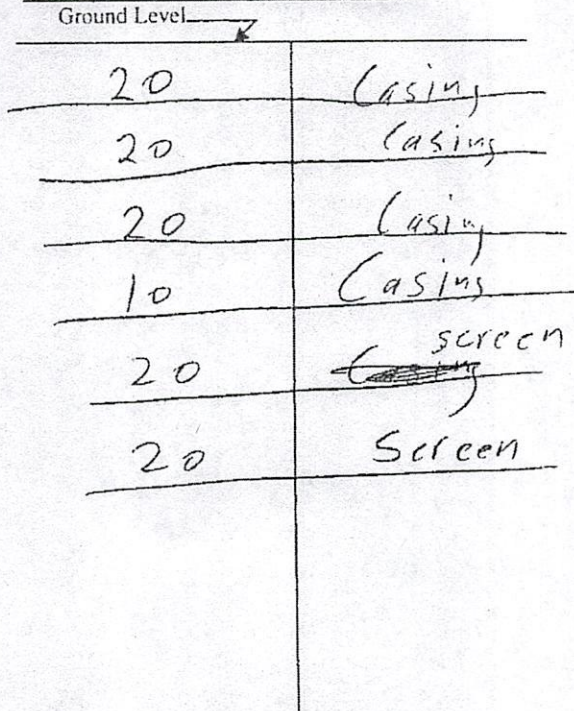
Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*



The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
Top Soil	Ground Level	10
clay	10	20
clay + Med Sand	20	30
Med Sand	30	40
Med Sand + Pea Gravel	40	50
Med Sand + Pea Gravel	50	60
Med Sand + Pea Gravel	60	70
Med Sand + Pea Gravel	70	80
↓ ↓ ↓ ↓	80	90
Med Sand + Pea Gravel	90	100
↓ ↓ ↓ ↓	100	110

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.

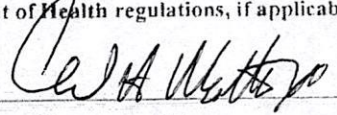
Landowner Name: \_\_\_\_\_

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

Print Name of Responsible Licensee and License No. Chad H. Maxton CME-8243

Date Feb 19

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: Leflore  
 Permit #: GW-50764  
 Driller: Chad Mattox  
 Date completed: 5/23/19  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: A 197  
 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>Michael Wagner</u>	Latitude: <u>33 48 08.9</u> Longitude: <u>90 23 58.3</u>
Mailing Address: <u>P.O. Box 457</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Sumner</u> State: <u>MS</u> Zip Code: <u>38957</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec. <u>4</u> T. <u>22N</u> R. <u>2W</u>
Telephone No. <u>(662) 458-0009</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5/17/19 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: 80 Setting Depth: 80 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): 48 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

**Meter Installation**

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

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

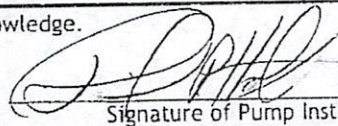
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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

Is This Meter (circle one): New Repaired Replacement

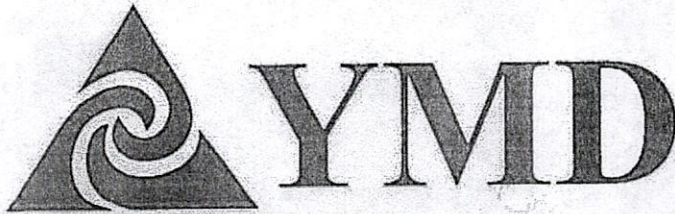
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

David P. Holt 0-752-P 5/24/19   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

\* Circle S Irrigation to install pump.





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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April 8, 2019

Michael L. Wagner  
PO Box 457  
Sumner, MS 38957

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50764**  
which will be replacing MS-GW-13445 located at  
Location: NE ¼ of the SE ¼ Section 104 Township 22N Range 02W County Leflore  
Latitude: 334802      Longitude: 902410

Dear Michael L. Wagner.,

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