

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)

County: Leflore
Permit #: GW-51401
Driller: CHAD MATTOX
Date drilling completed: 11/3/20

125

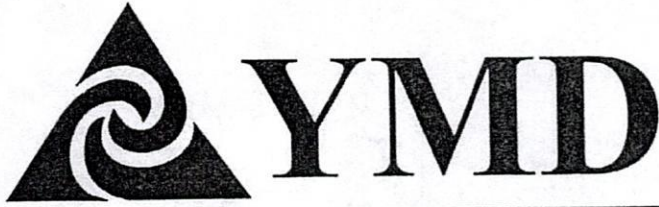
For Office Use Only:
Well #: F 243
Aquifer: _____
E-Log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Four Farms</u>	Latitude: <u>33-36-13</u> Longitude: <u>90-22-13</u>
Mailing Address: <u>900 River Birch Cove</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>Greenwood</u> MS <u>38930</u>	<u>NE NW</u> 1/4 <u>SE SE</u> 1/4, Sec <u>14</u> T <u>20N</u> R <u>02W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>11/3/20</u> Date drilling completed: <u>11/3/20</u> Hole depth: <u>118</u> Hole diameter: <u>24</u>
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 (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 (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>50</u> feet <input type="radio"/> above / <input checked="" type="radio"/> below land surface Date measured: <u>11/4/20</u> (select one)
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>118</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>78</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>.032</u> inches Setting depth: From <u>118</u> feet to <u>78</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 Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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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

November 6, 2020

RE: CONSTRUCTION NOTICE

Four Farms
900 River Birch Cove
Greenwood, MS 38930

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-51401**
which will be replacing GW-13962 well located at
Location: NE1/4 of the SE ¼ Section 14 Township 20N Range 02W County Leflore
Latitude: 33.60353N Longitude -90.36603

Dear Four Farms / William Patridge:

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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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-51401
 Driller: CHAD MATTOX
 Date completed: 11/4/20
Copy information from block on Part 1

For Office Use Only:

Well #: F 243
 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>Four Farms</u>	Latitude: <u>33-36-13</u> Longitude: <u>90-22-13</u>
Mailing Address: <u>900 River Birch Cove</u>	Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,
<u>Greenwood</u> MS <u>38930</u>	USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE NW</u> <u>SE NE</u> $\frac{1}{4}$, Sec <u>14</u> T <u>20N</u> R <u>02W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)

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

Date Pump Installed: 11/4/20 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 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): 50 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 (select 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.

Chad H. Mattox UNR-8243 2/3/21 Chad Mattox
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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