

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 #: 0836172
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: MS LW-50162 ✓
Driller: Chad McElroy
Date drilling completed: 2/1/18

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>Brown Farms</u>	Latitude: <u>33 36 39</u> Longitude: <u>90 19 24</u>
Mailing Address: <u>PO Box 9</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlater</u> MS <u>38952</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 08 T20N R01W</u>
Telephone No. <u>(662) 458-5456</u>	<u>2</u> Miles <u>SE</u> of <u>Schlater</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2/1/18</u> Date drilling completed: <u>2/1/18</u> Hole depth: <u>115</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"/> Log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>30</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>2/3/18</u> <small>(check one)</small>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</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>0.32</u> inches Setting depth: From <u>75</u> feet to <u>115</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>

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 #: 0836172
 Aquifer: _____

County: Waltham
 Permit #: MS-LW-50162
 Driller: Chad McFoy
 Date completed: 2/3/18
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Brown Farms</u> Mailing Address: <u>PO Box 9</u> <u>Schloker</u> <u>MS</u> <u>38452</u> City State Zip Code Telephone No. (<u>662</u>) <u>458-5456</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: 33 36 39 Longitude: <u>90 19 24</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 SW 1/4, Sec 08 T 20N R 01W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Pump Type (check one)

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

Date Pump Installed: 2/3/18 Rated Pump Capacity: 2500 Gallons Per Minute

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: 600 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 2/3/18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 2100 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): _____

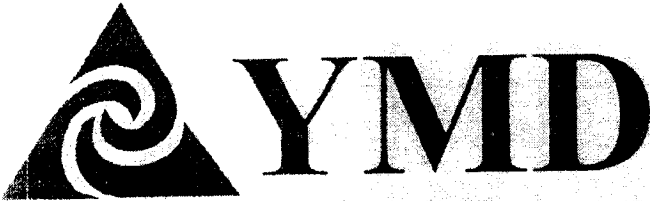
Installation Date: _____ Meter installed by: _____

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. McFoy LR-8243 2/3/18 Chad McFoy
 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

September 19, 2017

The Brown Farms
PO Box 9
Schlater MS 38952

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50162
which will be replacing GW-07138 located at
Location: NE ¼ of the SW ¼ Section 08 Township 20N Range 01W County Leflore
Latitude: 33 36 39 Longitude 90 19 24

Dear The Brown Farms:

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

BY C...



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

Replacement well requirements

11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1.

F. Replacement Wells - A replacement well may be drilled to replace a properly authorized well that has become unusable.

(1) Qualifications - To qualify as a replacement well for any use other than irrigation, aquaculture, or wildlife enhancement the new well must meet all of the requirements set forth in paragraphs a. through d. below. Any proposed well not meeting these requirements will be treated as a new well, and the required application will be processed accordingly. Replacement wells for irrigation, aquaculture, or wildlife enhancement need only meet the requirements set forth in 24 paragraphs (a) through (c) below provided the water will be applied to the same field or pond served by the original well.

- (a) Will replace a well that will be properly plugged and abandoned within 180 days of completion of the replacement well, unless used by MDEQ for data collection in accordance with paragraph 3 below; and
- (b) Will withdraw water from the same water-bearing formation as the old well; and
- (c) Will supply water for the same beneficial use as the old well