### STATE WELL REPORT

# Permit #: MS CW -50481 Driller: Chad MATTOX Date drilling completed: Colors

## 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 #: 834180
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	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 33 35 5 Longitude: 9007 09	
Owner Name: Jue R. Rass	1 3 3	
Mailing Address:	Method of Lat/Long (check one): Conventional Survey	
1200 Meadow brook Rd. Apt 37	USGS quad, Hand-held GPS, Survey-grade GPS	
Tackson Ms 39206	SEVAMEVA, Sec 18 T 2011 ROJE	
City State Zip Code	7 Miles 1 of Creenwood	
Telephone No. ()	(Distance) (Direction) (Nearest Town)	
/ Wall / P	orehole Data	
Date drilling started: 6/7//2 Date drilling completed:	6/1/8 Hole depth: 10 Hole diameter: 34	
Location of the source of any surface water used for drilli	ng: Nitch	
Method of dosing and volume of Chlorine used in drilling a	nd development:	
Logs run (check all applicable): Alog run Electric Cam	ma Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
Purpose of borehole (check one): Water WellGeotechn	ical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other		
	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		
Static Water Level:feetabove or \( \big  be \( \text{(check one)} \)	low] land surface Date measured: 4/8//8	
Method of measurement (check one) steel tape Electric tape Air line other (describe):		
Well depth: // Well grouted to a depth of: /O feet Type of grout (check one) Neat Cement Bentonite Mix		
Casing length: 10 feet Casing diameter: 16 inches Type of casing: 10 inches		
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PUC		
Screen slot size: 1032 inches Setting depth: From 70 feet to 110 feet		
Type of completion (check all applicable) Travel 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	

1 191		
County:	hethore	
	Ms Cn-50+81	

## For Office Use Only:

Well #:	1-1180
Well #:	1-1180

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	
	Casing
	40 Screen
If more than on	screen, show location of each on sketch

Description of	formations encountered must be provided for all	<u>wells</u>
and boreholes,	unless specifically exempted by regulations	

Description of Formations Encountered	From (depth)	To (depth)
Description of Formations Encountered	Ground level	/5
Simil	16	\$5
	54	105
Grand / Cravel	106	115

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

any roads, power lines, or other items that may all in locating the property and     north arrow	
	l
	l
	l
	١
	١
	į
Landowner Name:	_
and completed in accordance with all applicable	
requirements of the Mississippi Department of Environmental Quarty and the Mississippi Department of	
if applicable, and state laws.	
Charle Walter will 8243 11119 - GIVANOR	
Print Name of Responsible Licensee and License No. Date Signature of Licensee Form: OLWR-SWR-1B (4/1	-
TOTAL OF THE CASE	_

## 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 #: 683H180
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.

Date completed:

Copy information from block on Part 1

Print Name of Pump Installer and License No. (if applicable)

Well-Owner Information	Well Location	
Owner Name: 10C K. Russ	Latitude: 333552 Longitude: 900709	
Mailing Address:	Method of Lat/Long (check one): Conventional Survey	
LOW Medan brook Rd	HSGS: nuad . Hand-held GPS $\mathcal{N}$ , Survey-grade GPS	
100 Manny 300 100 39206	SE 4 ME 4, Sec 18 T 201 ROZE	
Therefore Ms 39206 City State Zip Code	(Distance) Of Covernia (Nearest Town)	
Telephone No. ()	(Distance) (Direction) (Nearest Town)	
	pe (check one)	
The Market Townships Well		
Submersible Figure lettelled: (2/2//)	Rated Pump Capacity: 2500 Gallons Per Minute	
is This Pump (check one): New Repaired Replaceme	nt	
Power Ty	(pe (check one)	
: lectric □ Diesel  Gasoline □ Natural Gas □ Tractor PTO □ Wir	ndmill Other (describe):	
Horse Power Rating of Motor: 60 Setting Dep	th:feet Number of Stages:	
	for Non Flowing Well	
Date Well Tested:	hours 1	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Su	a II Dan Highto	
Drawdown ((b) - (A)).	tape Air line Other (describe):	
Method of measurement (check one). Steet tape Literation  Pump Test D	ata for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
Mete Mete	r Installation	
	Meter Serial Number:	
Meter Manufacturer.	Type of Meter:	
Meter Manufacturer Type of Meter:		
vi i i i i i i i i i i i i i i i i i i		
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 to Mather Ung-8243 1/1/9 Clift Watter X		

Date

Form: OLWR-SWR-2A (4/13)



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

H180

June 7, 2018

Joe R. Ross 1200 Meadowbrook Road, Apt. 37 Jackson, MS 39206

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50481

which will be replacing MS-GW-36805 located at

Location: SE 1/4 of the NE 1/4 Section 18 Township 20N Range 02E County Leflore

Latitude: 333548 Longitude: 900709

Dear Joe R. Ross,

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 ( ). Construction may begin immediately on your replacement well.

Remember that you are still required to <u>submit a permit application</u> (enclosed) for the replacement well <u>within 5 days</u> of construction beginning. You are also <u>required</u> 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

#### 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