

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: Lelfore  
Permit #: GW-51587  
Driller: CHAD MATTOX  
Date drilling completed: 5/8/21

For Office Use Only:  
Well #: M161  
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>ASA BENNETT</u>			Latitude: <u>33.413889</u> Longitude: <u>-90.448056</u>		
Mailing Address: <u>605 ROBERT E LEE DR</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>	<u>MS</u>	<u>38930</u>	<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>19</u> T <u>18N</u> R <u>02W</u>		
City	State	Zip Code	<u>4.1</u> Miles <u>SE</u> of <u>MOORHEAD</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 5/8/21 Date drilling completed: 5/8/21 Hole depth: 120 Hole diameter: 24

Location of the source of any surface water used for drilling: NEARBY DITCH

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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: 12 feet  above /  below land surface Date measured: 5/8/21  
(select one)

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 80 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 ~~70~~ 80 feet to 120 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*



County: LELFORE  
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*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground Level	
10	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
10	CASING
20	SCREEN

*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)	
	Ground level	10
MED SAND	10	20
COURSE SAND	20	30
COURSE SAND & PEA GRAVEL	30	40
MED SAND & PEA GRAVEL	40	80
FINE SAND	80	90
COURSE SAND & PEA GRAVEL	90	120

If more than one screen, show location of each on sketch

- 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) north arrow

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

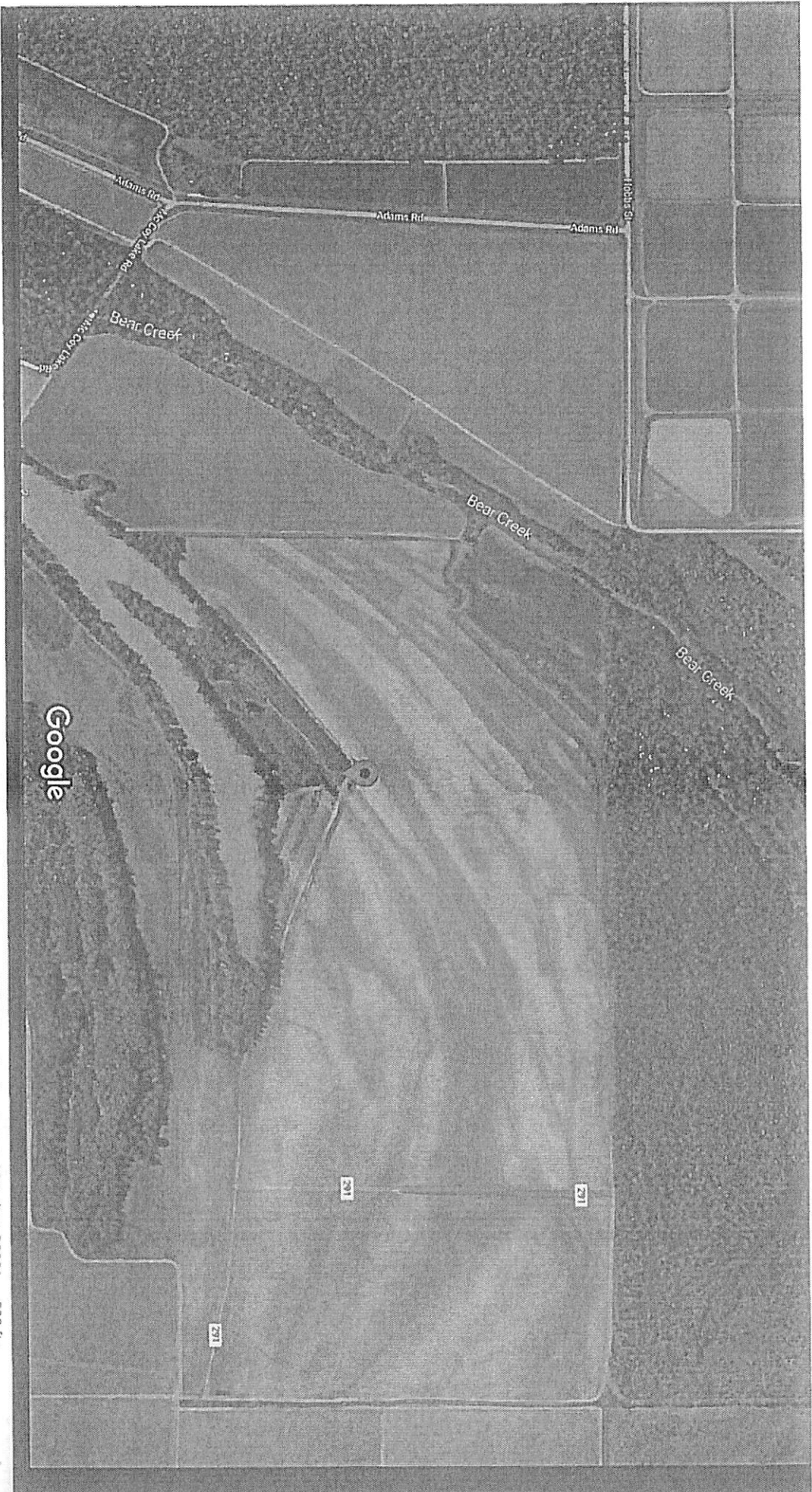
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

CHAD MATTOX                          UNR 8243  
 Print Name of Responsible Licensee and License No.

6/1/21  
 Date

*[Signature]*  
 Signature of Licensee

Google Maps 33°24'50.0"N 90°26'53.0"W



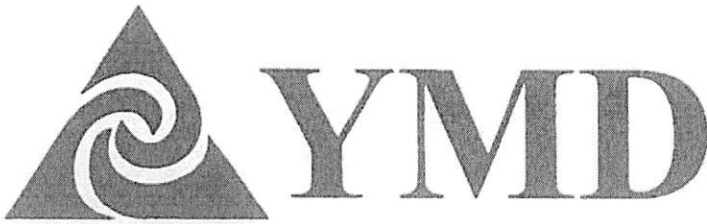
Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021

500 ft



**RECEIVED**  
**06-03-2021**  
**BY OLWR**





RECEIVED  
06-03-2021  
BY OLWR

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

May 4, 2021

*Bare Bones  
Job # 21-0265  
Moorhead - west side  
Redrill pivot well*

### RE: CONSTRUCTION NOTICE

Dr. Asa Bennett  
605 Robert E. Lee Drive  
Greenwood, MS 38930

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51587  
which will be replacing GW-47329 well located at  
Location: SW1/4 of the NW Section 19 Township 18N Range 02W County Leflore  
Latitude: 33.414166 Longitude -90.448333

Dear Asa Bennett:

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