

173

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)

For Office Use Only:

Well #: K 83
Aquifer: _____
E-Log #: _____

County: PANOLA
Permit #: GW-50104
Driller: Chad Mattox
Date drilling completed: 8/23/17

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>Riverside Farms</u>			Latitude: <u>34 23 50 N</u> Longitude: <u>90 07 23 W</u>	
Mailing Address: <u>98 Pleasant Grove Rd</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Sardis</u> City	<u>MS</u> State	<u>38666</u> Zip Code	<u>SE^{SW} 1/4 SW 1/4, Sec 11 T 08S R 09W</u>	
Telephone No. (____) _____			<u>7 1/2</u> Miles <u>E</u> of <u>FALCON</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 8/22/17 Date drilling completed: 8/23/17 Hole depth: 119 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 (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 (circle 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: 18 feet [above or below land surface] Date measured: 8/23/17
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 119' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 79 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 119 feet

Type of completion (circle 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

17-00017

County: PANOLA
 Permit #: GW-50104

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

19'	Casing
20'	"
20'	"
20'	"
20'	Screen
20'	"

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	21
MED SAND	21	40
MED SAND & PEA GRAVEL	40	60
COURSE SAND	60	87
MED SAND, PEA GRAVEL & GRAVEL	87	119

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.

Chris H. McFay WR-2243 4/1/19 Chris H. McFay
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

wrong in wrong - WR

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)

RECEIVED	
For Office Use Only:	
SEP 25 2017	Well #:
K 83	Aquifer: WR
BY: WR	

County: PANOLA
Permit #: GW-50104
Driller: Chad Mathox
Date completed: 8-23-17
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.

Well Owner Information			Well Location		
Owner Name: Riverside Farms	Latitude: 34° 23.50"		Longitude: 90° 07.23"		
Mailing Address: 98 PLEASANT GROVE RD	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS _____, Survey-grade-GPS <input checked="" type="checkbox"/>		
SARDIS MS 38666	SE ^{SW} 1/4 SW 1/4, Sec 11 T 08S R 09W		7.3 Miles E of FALCON		
City State Zip Code	(Distance) (Direction) (Nearest Town)				
Telephone No. (602) 895-5241					

Pump Type (circle one)

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

Date Pump Installed: 8-24-17 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 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): 18 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: _____

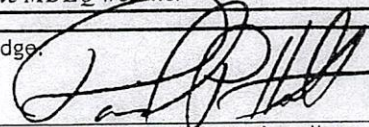
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 0-752P 9-20-17 

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

17-0617



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

August 21, 2017

Riverside Farms
98 Pleasant Grove Road
Sardis MS 38666

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50104**
which will be replacing GW-09948 located at
Location: SE ¼ of the SW ¼ Section 11 Township 08S Range 09W County Panola
Latitude: 34 23 50 Longitude 90 07 23

Dear Riverside 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