

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County Panola
 Permit # MS-GW-50571
 Driller Chad Mattox
 Date drilling completed 11-19-18

For Office Use Only:
 Aquifer: _____
 Well #: K 85
 L. S. Elevation: _____
 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name Grover Lawson
 Mailing Address: Riverside Farms
98 Pleasant Grove Rd
Sardis MS 38666
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location

Latitude: ³⁴32° 24' 43" Longitude: 90° 07' 22"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec 02 Twn 05S Rng 09W
 Distance Direction Nearest Town
5.4 Miles W of Sledge

Well / Borehole Data

Date drilling started: 11-19-18 Date drilling completed: 11-19-18 Hole depth: 115' 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 (check 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 one): Home ___ Industrial ___ Public Supply ___ Irrigation X Fish Culture ___ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: 11-19-18
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 75' feet Casing diameter: 16" inches Type of casing: PVC
 Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC
 Screen slot size: 0.32 inches Setting depth: From 60 feet to 80 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

18-0664

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 #: W K 85

Aquifer: _____

County: Pearl River
Permit #: MS-GW-508711
Driller: Chad Mates
Date completed: 11-19-18
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.

Well Owner Information	Well Location
Owner Name: <u>Grover Lawson</u>	Latitude: ³⁴ <u>32 24 43</u> Longitude: <u>90 07 22</u>
Mailing Address: <u>Riverside Farms</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>98 Pleasant Grove Rd.</u>	USGS quad <u>SW 1/4 SW 1/4, Sec 02 T08S R09W</u>
<u>Sardis</u> MS <u>38666</u>	<u>5.4</u> Miles <u>W</u> of <u>Sledge</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

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

Date Pump Installed: 11-19-18 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

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Power Type (circle one)

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

Horse Power Rating of Motor: 40 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ 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): _____

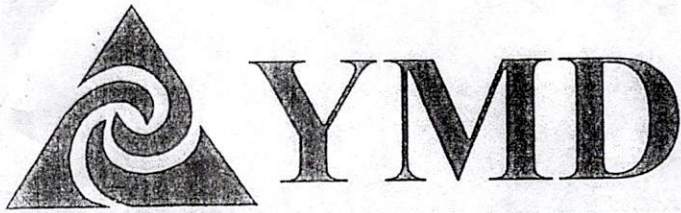
Installation Date: _____ Meter installed by: _____

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 F. Holt 0-752F 12-4-18
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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

August 28, 2018

Grover Lawson
Riverside Farms
98 Pleasant Grove Road
Sardis, MS 38666

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50571**
which will be replacing GW-09946 well located at
Location: SW 1/4 of the SW 1/4 Section 02 Township 08S Range 09W County Panola
Latitude: 32 24 43 Longitude 90 07 22

Dear Grover Lawson:

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