

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 #: E91
Aquifer: _____
E-Log #: _____

County: Quitman
Permit #: GW-50117
Driller: Chad Mattox
Date drilling completed: 8/5/17

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 <small>(Landowner if borehole is not for a water well)</small> | | | Well or Borehole Location | | |
|--|-----------|--------------|--|--|--|
| Owner Name: <u>CAROLYN PORTER</u> | | | Latitude: <u>34 18 20</u> Longitude: <u>90 15 02</u> | | |
| Mailing Address: <u>130 North Court Ave</u> | | | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ | | |
| <u>Memphis</u> | <u>TN</u> | <u>38103</u> | <u>NE</u> ¼ <u>NW</u> ¼, Sec <u>13</u> T <u>28N</u> R <u>01W</u> | | |
| City | State | Zip Code | <u>1 1/2</u> Miles <u>E</u> of <u>Hincheliff</u> | | |
| Telephone No. (____) _____ | | | (Distance) (Direction) (Nearest Town) | | |

| Well / Borehole Data | |
|--|---|
| Date drilling started: <u>8/5/17</u> | Date drilling completed: <u>8/5/17</u> Hole depth: <u>120'</u> Hole diameter: <u>2 1/4"</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 (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): _____ | |
| Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture | |
| Other (describe): _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>18</u> feet [above or below] land surface Date measured: <u>8/5/17</u> <small>(circle one)</small> | |
| Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____ | |
| Well depth: <u>120'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix | |
| Casing length: <u>80</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>.050</u> inches Setting depth: From <u>70 80</u> feet to <u>120</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole 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> | |

17-0643

County: QUITMAN
 Permit #: GW-50117

For Office Use Only:
 Well #: E91

The sketch below only required for water wells
If well telescopes, show depths on sketch.

| Ground Level | |
|--------------|--------|
| 10 | CASING |
| 20 | " |
| 20 | " |
| 20 | " |
| 20 | SCREEN |
| 20 | SCREEN |
| 10 | CASING |

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 | 18 |
| FINE SAND | 18 | 28 |
| MED SAND | 28 | 40 |
| MED SAND + GRAVEL | 40 | 52 |
| MED SAND, GRAVEL, + PEA GRAVEL | 52 | 80 |
| MED SAND + GRAVEL | 80 | 90 |
| MED SAND, GRAVEL, + PEA GRAVEL | 90 | 96 |
| MED SAND + PEA GRAVEL | 96 | 111 |
| FINE SAND | 111 | 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

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BY OLWR

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 H. Motrix UNR-8243 4/1/19 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: QUITMAN
 Permit #: BW-50117 ✓
 Driller: Chad Mettox
 Date completed: 8-5-17
Copy information from block on Part 1

For Office Use Only:

Well #: E91
 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.

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 BY OLWR

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Carolyn Porter</u> | Latitude: <u>34° 18' 20"</u> Longitude: <u>90° 15' 02"</u> |
| Mailing Address: <u>130 North Court Ave</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Memphis</u> City <u>TN</u> State <u>38103</u> Zip Code | <u>NE 1/4 NW 1/4, Sec 13 T 28N R 01W</u> |
| Telephone No. (____) _____ | <u>1.2</u> Miles <u>E</u> of <u>HEMLOCK</u> (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

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

Date Pump Installed: 8-21-17 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

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Pump Test Data for Non Flowing Well

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

Static Water Level (A): 16 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: _____

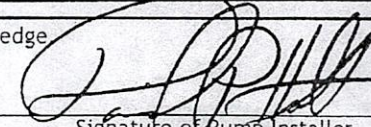
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 9-11-17 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

17-06-17



51K 45 Farms / Steve Carbin 17-8643
sent to Chad ✓
8/9/17

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

E91

August 4, 2017

Carolyn Porter
130 North Court Avenue
Memphis TN 38103

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50117
which will be replacing GW-02318 well located at
Location: NE $\frac{1}{4}$ of the NW $\frac{1}{4}$ Section 13 Township 28N Range 01W County Quitman
Latitude: 34 18 20 Longitude 90 15 02

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Dear Carolyn Porter:

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