

STATE WELL REPORT

101

County: Sharkey
 Permit #: MS-GW-50668
 Driller: Chad Mattox
 Date drilling completed: 11/10/18

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: B 176
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>FC Rawlings Delta, LLC</u>	Latitude: <u>33 03 25</u> Longitude: <u>90 40 35</u>
Mailing Address: <u>PO Box 785</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ocean Springs</u> <u>MS</u> <u>39566</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4</u> , Sec <u>14</u> T <u>14N</u> R <u>05W</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11/10/18 Date drilling completed: 11/10/18 Hole depth: 110 Hole diameter: _____

Location of the source of any surface water used for drilling: Adjacent Fish Pond

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): 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 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: 28 feet above or below land surface Date measured: _____
(check one)

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

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: _____ inches Type of casing: _____

Screen length: 40 feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: .032 inches Setting depth: From 70 feet to 110 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

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 #:	B 176
Aquifer:	_____

County: <u>Sharkey</u>
Permit #: <u>MS-BW-50668</u>
Driller: <u>Chad Mattox</u>
Date completed: <u>11/11/18</u>
<u>Copy information from block on Part 1</u>

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>FC Rawlings Delta, LLC</u>	Latitude: <u>33 03 25</u> Longitude: <u>90 40 35</u>
Mailing Address: <u>PO Box 785</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Ocean Springs</u> <u>MS</u> <u>39566</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>14</u> T <u>14N</u> R <u>05W</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>11/11/18</u>	Rated Pump Capacity: <u>1600</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>40</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

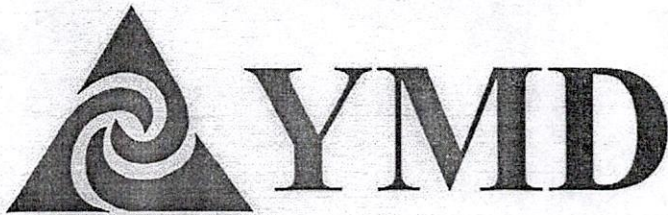
Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): _____ Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<u>Chad H. Mattox</u> <u>WR-8243</u>	<u>11/11/18</u>	<u>Chad H. Mattox</u>
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

February 8, 2019

F C Rawlings Delta LLC
PO Box 785
Ocean Springs, MS 39566

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50668**
which will be replacing GW-00904 well located at
Location: NE1/4 of the SE ¼ Section 14 Township 14N Range 05W County Sharkey
Latitude: 33 03 25 Longitude 90 40 35

Dear F C Rawlings Delta LLC:

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



Don R. Christy, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
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Yazoo Mississippi Delta Joint Water Management District

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