

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 39225-2309

(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 0158
Aquifer: _____
E-Log #: _____

County: Sunflower
Permit #: GW-49077
Driller: Jonathan Gordon
Date drilling completed: 4/20/18

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>Reggie Shurden</u>		Latitude: <u>33° 50' 32.76"</u> Longitude: <u>90° 31' 31.59"</u>	
Mailing Address: <u>37 Hoard Lake Rd</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Drew</u> State: <u>MS</u> Zip Code: <u>38732</u>		USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. (662) <u>719-1459</u>		NW ^{SE} 1/4 NE ^{SE} 1/4, Sec <u>26</u> T <u>24N</u> R <u>04W</u>	
		<u>3.75</u> Miles <u>NW</u> of <u>Drew</u>	
		<i>(Distance) (Direction) (Nearest Town)</i>	

Well / Borehole Data	
Date drilling started: <u>4/20/18</u>	Date drilling completed: <u>4/20/18</u> Hole depth: <u>125'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>ditch nearby</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>48'</u> feet [above or below] land surface Date measured: <u>4/30/18</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>125'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</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>75</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

RECEIVED
MAY 9 2018
BY OLWR

Replacement

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MAY 04 2018
BY OLWR

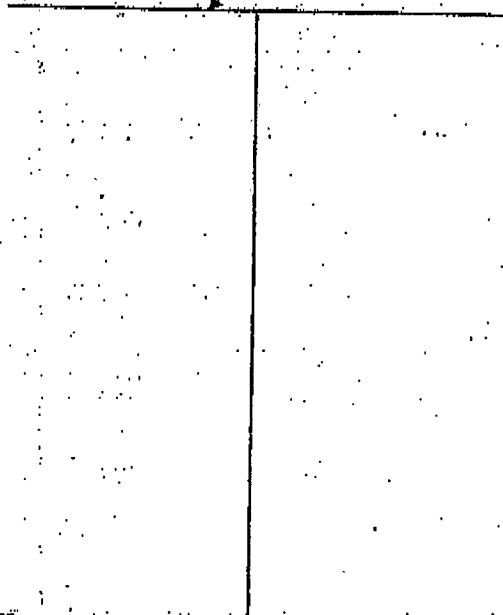
County: Sunflower
Permit #: G-W-49077

For Office Use Only:
Well #: C158

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

*Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations*

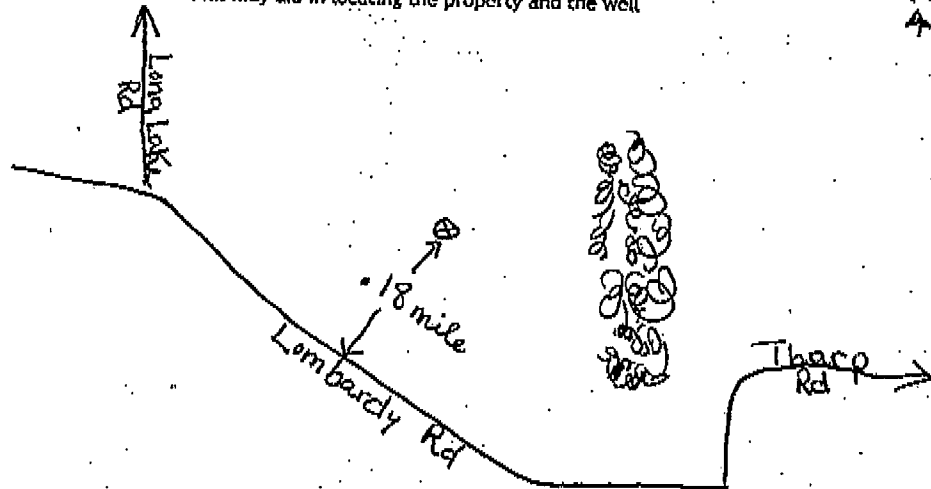
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Top soil and sand	Ground level	15
Fine Sand	15	45
Med. Sand	45	65
Coarse Sand	65	85
Coarse and Gravel	85	115
Coarse Sand	115	125

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.

Rayton Overstreet 00007676 5-4-18
Print Name of Responsible Licensee and License No. Date

Rayton Overstreet
Signature of Licensee

MAY 04 2018

STATE WELL REPORT

Part 2

BY OLWR

County: Sunflower
 Permit #: G-W-49077
 Driller: Jonathan Gordon
 Date completed: 4-30-18
 Copy information from block on Part 1

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) 261-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: C158
 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.

Well Owner Information			Well Location		
Owner Name: <u>Reggie Shurden</u>	Latitude: <u>33° 50' 32.76"</u>		Longitude: <u>90° 34' 31.59"</u>		
Mailing Address: <u>37 Hoard Lake Rd</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>Drew</u>	<u>MS</u>	<u>38737</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City	State	Zip Code	<u>NW^{SE} NE^{SE}</u> 1/4, Sec <u>26²³</u> T <u>24N</u> R <u>04W</u>		
Telephone No. <u>(662) 719-1459</u>			<u>3.75</u> Miles <u>NW</u> of <u>Drew</u> ^{23N}		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-30-18 Rated Pump Capacity: _____ 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): Gear Drive
 Horse Power Rating of Motor: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 48' Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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: _____ foot.
 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.
Rayton Overstreet 00008026 5-4-18 Rayton Overstreet
 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

U58

Yazoo Mississippi Delta Joint Water Management District

March 22, 2018

RECEIVED
MAY 04 2018
BY OLWR

Haney Farming
Jimmy Haney
204 Jack Curry Road
Ruleville, MS 38771

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49077
which will be replacing a non-permitted well located at
Location: NW1/4 of the NE 1/4 Section 26 Township 24N Range 04W County Sunflower
Latitude: 33 50 22 Longitude 90 34 54

Dear Haney Farming:

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