

Promise Land Plantation 16"

STATE WELL REPORT

County: Sunflower
Permit #: GW-1995/1997 49547
Driller: J. Newcome 0-773
Date drilling completed: 6/22/16

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 #: D152
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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Southern Planting Co.</u>		Latitude: <u>33 49 42</u> Longitude: <u>90 30 29</u>	
Mailing Address: <u>P.O. Box 158</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Scott</u> State: <u>MS</u> Zip Code: <u>38772</u>		USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. () _____		<u>SE 1/4 SE 1/4, Sec 28 T 23 N R 03 W</u>	
		<u>1.7</u> Miles <u>NE</u> of <u>Drew</u>	
		(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 6/22 Date drilling completed: 6/22 Hole depth: 123 Hole diameter: 24

Location of the source of any surface water used for drilling: Ditch

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): _____

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If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface (circle one) Date measured: _____

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

Well depth: 10 Well grouted to a depth of: 120 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.56 inches Setting depth: From 70 feet to 120 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

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County: Sanflower
 Permit #: GW-49547
 Driller: J. Newcome O-773
 Date completed: 6/22/16
Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D152
 Elevation: _____

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>Southern Planting Co.</u>	Latitude: <u>33 49 42</u> Longitude: <u>90 30 29</u>
Mailing Address: <u>P.O. Box 158</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Scott</u> MS <u>38772</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 28 T23N R03W</u>
Telephone No. () _____	Distance <u>1.7</u> Miles Direction <u>NE</u> of Nearest Town <u>Drew</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>6 0^{hp}</u>
Date Pump Installed: <u>6/24/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): <u>Not Tested</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>Not Tested</u> Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Hubbard Stephens 741-P Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



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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

D152

June 20, 2016

Southern Planting Co.
Rhett Burns
PO Box 158
Scott MS 38772

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49547
which will be replacing GW-05384 located at
Location: SE ¼ of the SE ¼ Section 28 Township 23N Range 03W County Sunflower
Latitude: 33 48 21 Longitude 90 48 05

Dear Southern Planting Co. / Rhett Burns:

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

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