

STATE WELL REPORT

County: Sunflower
 Permit #: GW-49388 ✓
 Driller: Clarence McMurtry
 Date drilling completed: 6-15-16

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 #: E165
 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>James Westfield Farms</u>	Latitude: <u>33° 48' 36.23"</u> Longitude: <u>90° 34' 07.18"</u>
Mailing Address: <u>202 2nd Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Merigold</u> MS <u>38759</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4, Sec 01 T 22N R 04W</u>
Telephone No. <u>(662) 719-3694</u>	<u>2.41</u> Miles <u>West</u> of <u>Drew</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-15-16 Date drilling completed: 6-15-16 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled from nearby 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): _____

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

Static Water Level: 47 feet (above or below land surface) Date measured: 6-16-16
(circle one)

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

Well depth: 125' 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: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

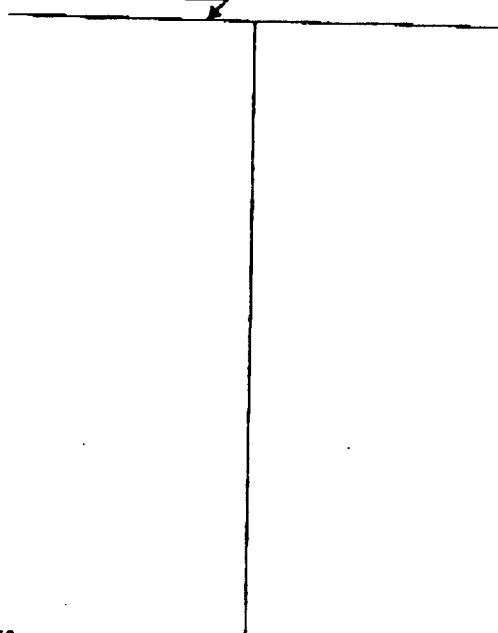
County: Sunflower
 Permit #: GW-49388

For Office Use Only:
 Well #: E165

The sketch below only required for water wells

If well telescopes, show depths on sketch.

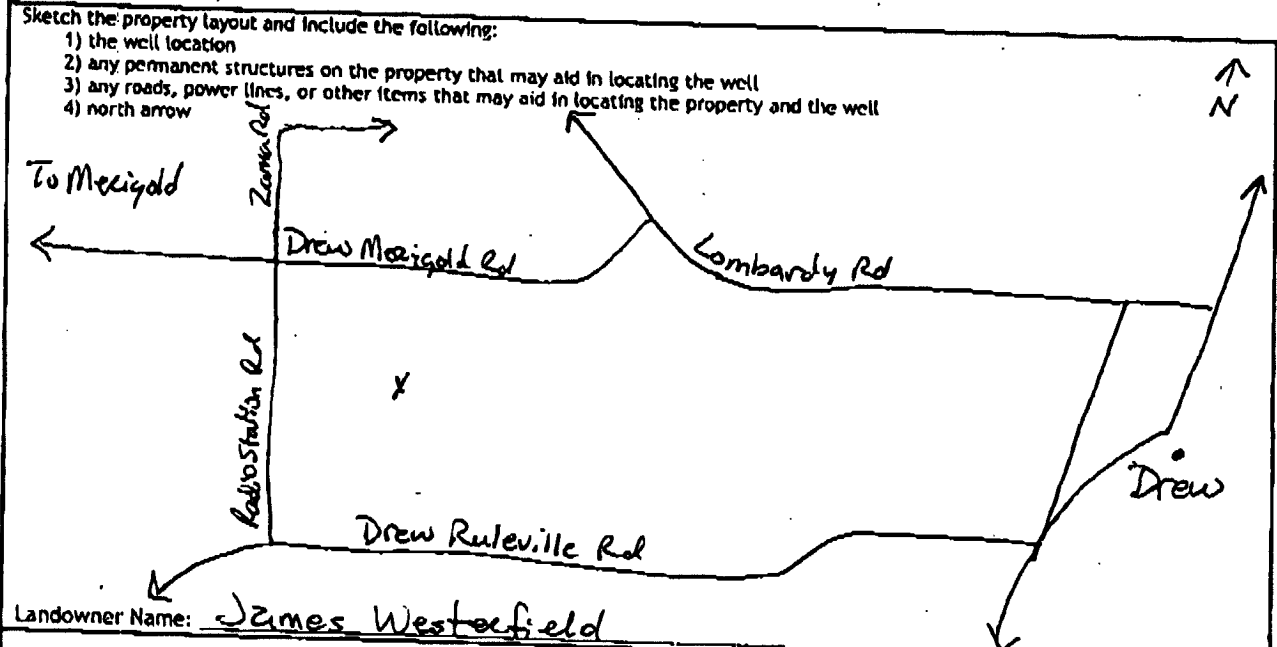
Ground Level →



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)
<u>Fine Sand</u>	<u>Ground level</u>	<u>35</u>
<u>Fine Sand</u>	<u>35</u>	<u>55</u>
<u>Fine & Medium Sand</u>	<u>55</u>	<u>65</u>
<u>Coarse Sand</u>	<u>65</u>	<u>85</u>
<u>Coarse Sand & Gravel</u>	<u>85</u>	<u>105</u>
<u>Coarse Sand & fine Gravel</u>	<u>105</u>	<u>125</u>

If more than one screen, show location of each on sketch



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.

Clayton Miller 0-703 6-21-16 Clayton Miller
 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)

For Office Use Only:

Well #: E165
 Aquifer: _____

County: Sunflower
 Permit #: GW-49388
 Driller: Michael Wells
 Date completed: 6-16-16
 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>James Westerfield Farms</u>			Latitude: <u>33° 48' 36.23"</u> Longitude: <u>90° 34' 07.18"</u>	
Mailing Address: <u>202 2nd Street</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Merigold</u>	<u>MS</u>	<u>38759</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
City	State	Zip Code	<u>SW 1/4 NW 1/4, Sec 01 T 22N R 08W</u>	
Telephone No. <u>(662) 719-3694</u>			<u>2.41</u> Miles <u>West</u> of <u>Drew</u>	
			(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-16-16 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: 600 Setting Depth: 80 feet Number of Stages: 1

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): 47 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: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 14-12353

Meter Model Number/Name: M0310-250 Type of Meter: Saddle mount propeller

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

Installation Date: 6-16-16 Meter Installed by: Mid South Water, LLC

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.

Clayton Miller 0-703 6-21-16 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



E165
Dean A. Pennington, 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

March 21, 2016

James Westerfield
PO Box 1448
Cleveland MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49388
which will be replacing MS-GW-37081 located at:
Location: NW ¼ of the NW ¼ Section 01 Township 22N Range 04W County Sunflower
Latitude: 33 48 36 Longitude 90 34 07

Dear James Westerfield,

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