

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 #: F 177
 Aquifer: _____
 E-Log #: _____

County: Sunflower
 Permit #: GW-47197
 Driller: Richard Foster
 Date drilling completed: 5-28-13

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.

<p>#7759 Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Evelyn Wofford</u> Mailing Address: <u>5 Edgacwood</u> <u>Batesville</u> <u>MS</u> <u>38606</u> City State Zip Code Telephone No. <u>(662) 721-0204</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 47'54.37" N</u> Longitude: <u>91° 31' 34.66" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec. <u>05</u> T. <u>22N</u> R. <u>03W</u> <u>16</u> Miles <u>0</u> of <u>Drew</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 5-28-13 Date drilling completed: 5-28-13 Hole depth: 140' Hole diameter: 24"
 Location of the source of any surface water used for drilling: nearby well
 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) N/A
 Static Water Level: 45.5 feet (above or ~~below~~) land surface Date measured: 6-5-13
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 140' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 120 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 80 feet to 100 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: N/A feet

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

Well only

F177

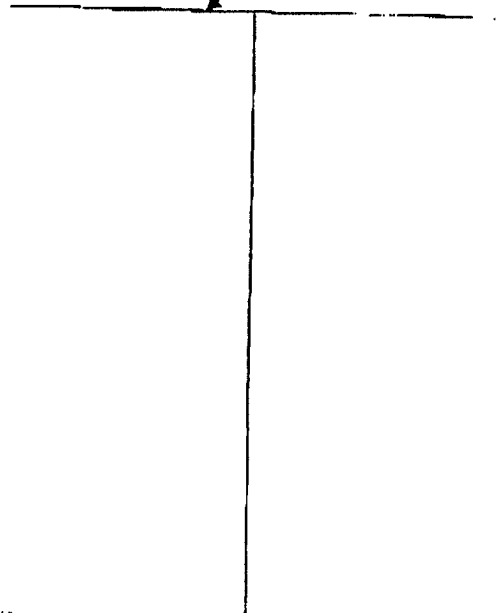
County: Sunflower
 Permit #: GW-47197

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



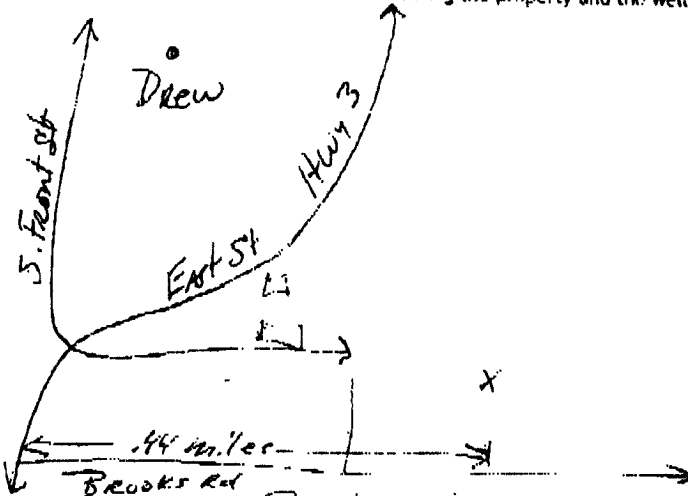
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay & Fine Sand	Ground level	21
Fine Sand	21	29
Clay	29	49
Fine Sand	49	79
Coarse Sand & Gravel	79	104
Fine Sand	104	140

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: Ralph Tidmore

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 6-7-13 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 #: F177

Aquifer: _____

County: Sunflower
 Permit #: GW-47197
 Driller: John Rybolt IV
 Date completed: 6-5-13
 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.

#1758 Well Owner Information			Well Location		
Owner Name: <u>Big Yeager Farms</u>			Latitude: <u>33°47'54.37" N</u> Longitude: <u>90°31'34.66" W</u>		
Mailing Address: <u>129 South 3RD St.</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Drew</u>	<u>MS</u>	<u>38737</u>	<u>SW 1/4 SE 1/4, Sec 05 T22N R03W</u>		
City	State	Zip Code	<u>.76</u> Miles <u>S</u> of <u>Drew</u>		
Telephone No. <u>(662) 721-0204</u>			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-5-13 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): Gen Drive
 Horse Power Rating of Motor: 60 Setting Depth: 80 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): 45.5 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): N/A

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.
Clayton Miller 0-703 6-7-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225
Water Well Plugging/Decommissioning Form
OLWR-DF-1 (04/08)

COUNTY WELL LOCATED:	Sunflower	WELL NUMBER:	F177
PERMIT NUMBER:	47197	DATE WELL PLUGGED:	10-4-2017
NAME OF FIRM PLUGGING WELL:	Irrigation Equipment Inc.	TELEPHONE NUMBER:	662-887-2555
NAME AND ADDRESS OF CURRENT LANDOWNER:	Evelyn Wofford Box 1720 Collierville TN 38027	901-850-5303	
WELL LOCATION:	SE/SE	SECTION:	5
		TOWNSHIP:	22N
		RANGE:	3W
WELL LOCATION:	LATITUDE: 33° 47 54.6	LONGITUDE: 90° 31 27.9	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - HAND HELD OR SURVEY GRADE
DISTANCE:	DIRECTION:	NEAREST TOWN:	Drew
		OTHER LANDMARK:	
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.):	Irrigation		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL:			
NAME OF LANDOWNER WHEN WELL WAS DRILLED:			

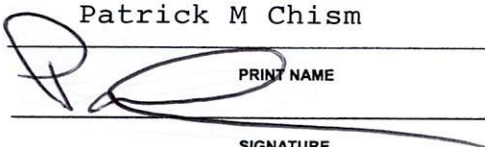
WELL DATA			
WELL DEPTH:	128ft.	HOLE DEPTH:	
CASING DIAMETER (IN.):	16	CASING LENGTH (FT.):	
		TYPE OF CASING:	PVC
DEPTH TO STATIC WATER LEVEL:	51ft.	DATE WELL COMPLETED:	
WHY IS THE WELL BEING ABANDONED?	Landformed Field		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

Removed casing below ground level. Installed 5% chlorine bleach. Installed sand and gravel. Installed bentonite hole plug.

RECEIVED
NOV 15 2017
BY OLWR

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Patrick M Chism	0695
	
PRINT NAME	MS LICENSE NUMBER
SIGNATURE	11-13-2017
	DATE



Google Earth



RECEIVED
NOV 15 2017
BY OLWR