

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 #: 6200

Aquifer: _____

E-Log #: _____

County: Sunflower
Permit #: GW-49756 ✓
Driller: Wes McMurtry
Date drilling completed: 4-7-17

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 <u>2441</u> (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Dean Partnership</u>	Mailing Address: <u>21 Sunrise Drive</u>	Latitude: <u>33°40'53"</u>	Longitude: <u>90°38'19"</u>
City: <u>Boyle</u>	State: <u>MS</u>	Method of Lat/Long (check one): Conventional Survey _____	
Zip Code: <u>38730</u>	Telephone No. <u>(662) 458-7161</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
		<u>NW 1/4 SW 1/4, Sec 08 T. 21 N R. 04 W</u>	
		<u>1.98</u> Miles (Distance)	<u>North</u> of <u>Linn</u> (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-7-17 Date drilling completed: 4-7-17 Hole depth: 125' 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) _____

Static Water Level: 47 feet (above or below) land surface (circle one) Date measured: 4-8-17

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: 85' feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 12 inches Type of screen: PVC

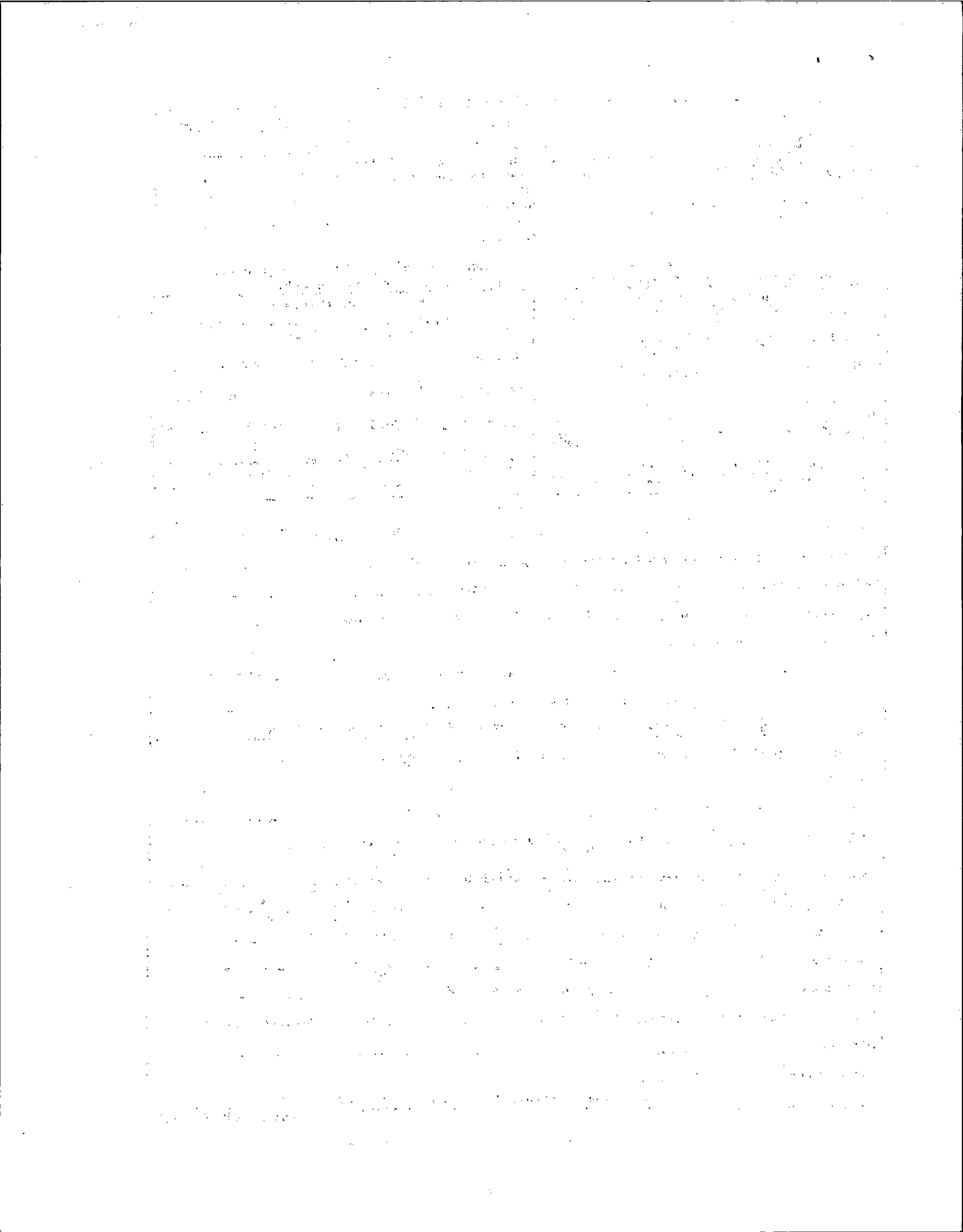
Screen slot size: .050 inches Setting depth: From 85' feet to 125' feet

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



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)

County: Sunflower
 Permit #: GW-49756
 Driller: Tommy Fortenberry
 Date completed: 4-8-17
Copy information from block on Part 1

For Office Use Only:
 Well #: G200
 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>Dean Partnership</u>			Latitude: <u>33° 40' 58"</u> Longitude: <u>90° 38' 19"</u>		
Mailing Address: <u>21 Sunrise Drive</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Boyle</u> MS <u>38230</u> City State Zip Code			USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
Telephone No. <u>(662) 458-7161</u>			<u>NW 1/4 SW 1/4, Sec 08 T21N R04W</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-8-17 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): _____
 Horse Power Rating of Motor: 40 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: _____ 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.

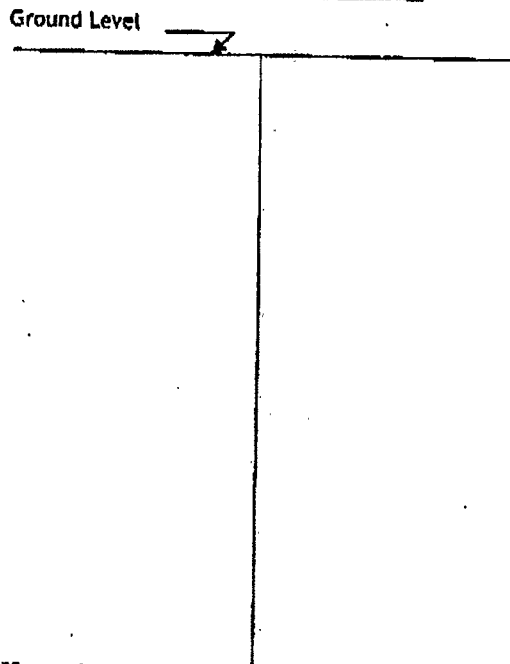
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Penton Overstreet 0008026 4/13/17 Penton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Sunflower
 Permit #: GW-49756

For Office Use Only:
 Well #: G200

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

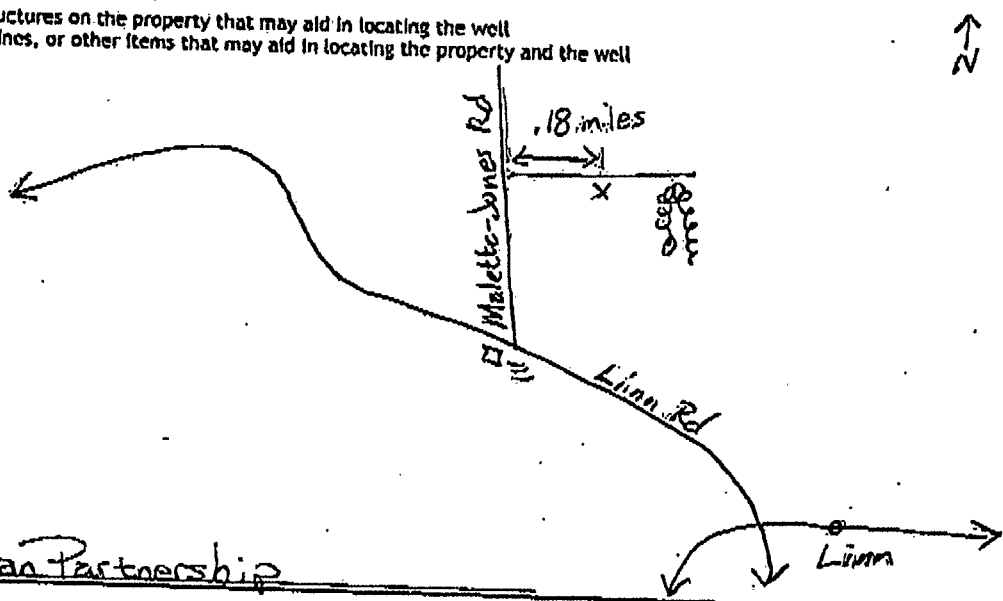
*Description of formations encountered must be provided for all wells
 and boreholes, unless specifically exempted by regulations*



Description of Formations Encountered	From (depth)	To (depth)
Top soil & sand	Ground level	15
Fine Sand	15	45
Medium sand & pea gravel	45	55
Medium sand & pea gravel	55	65
Medium & Coarse Sand & pea gravel	65	75
Coarse Sand & gravel	75	85
Medium & Coarse Sand & gravel	85	95
Coarse Sand & gravel	95	105
Coarse Sand & gravel	105	115
Coarse Sand & gravel	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: Dean Partnership

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.

Peyton Overstreet 0008026 4/13/17 Peyton Overstreet
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

C200



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

November 29, 2016

Dean Partnership
21 Sunrise Drive
Boyle MS 38730

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49756
which will be replacing Non Permitted Well located at
Location: NW¼ of the SW¼ Section 08 Township 21N Range 04W County Sunflower
Latitude: 33 40 53 Longitude 90 38 19

Dear Dean Partnership:

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

1948

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 15th inst.

in relation to the above mentioned matter.

The same has been referred to the appropriate authorities for their consideration.

I am, Sir, very respectfully,
Yours faithfully,

[Signature]

[Name]

[Address]

[City]