

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)

County: SUNFLOWER
Permit #: GW-50929
Driller: CHAD MATTOX
Date drilling completed: 09/16/19

For Office Use Only:
Well #: G203
Aquifer: MRVA
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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>RSCD LLC/ DAVIS FISHER</u>			Latitude: <u>33 38 36.2N</u> Longitude: <u>90 39 16.1W</u>		
Mailing Address: <u>P. O. BOX 110</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>		
<u>HONDO</u>	<u>TX</u>	<u>78861</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____		
City	State	Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____					

Well / Borehole Data
Date drilling started: 09/16/19 Date drilling completed: 09/16/19 Hole depth: 140' Hole diameter: 16"
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check 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 (check 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: 30 feet above/ below land surface Date measured: 09/0/19
(select one)
Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix
Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .032 inches Setting depth: From 90 feet to 140 feet
Type of completion (check 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



County: SUNFLOWER
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	
20	CASING
40	CASING
60	CASING
70	CASING
80	CASING
90	CASING
100	SCREEN
110	SCREEN
120	SCREEN
130	BLANK CASING
140	SCREEN

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)
	Ground level	10
MED SAND & CLAY	10	20
MED SAND	20	30
FINE SAND(38)	30	40
AND & CLAY(42) MED SAND, GRAVEL, CL	40	50
MED SAND(56, FINE SAND(57) COARSE	50	60
MED SAND & PEA GRAVEL & GRAVEL	60	70
MED SAND & PEA GRAVEL & GRAVELL	70	80
COARSE SAND(83) & MED SAND(87)	80	90
FINE SAND(93) & GRAVEL	90	100
MED SAND(97), GRAVEL & PEA GRAVEL	100	110
MED SAND(97), GRAVEL & PEA GRAVEL	110	120
MED SAND(97), GRAVEL & PEA GRAVEL	120	130
	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: _____

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.

CHAD MATTOX UNR 8243
 Print Name of Responsible Licensee and License No.

10/25/19
 Date

[Signature]
 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 #: **G203**

 Aquifer: _____

County: SUNFLOWER
 Permit #: GW-50929
 Driller: CHAD MATTOX
 Date completed: 09/16/19
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>RSCD LLC/ DAVIS FISHER</u>			Latitude: <u>33 38 36.2N</u> Longitude: <u>90 39 16.1W</u>		
Mailing Address: <u>P. O. BOX 110</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>		
<u>HONDO</u>	<u>TX</u>	<u>78861</u>	_____/_____/_____, Sec. _____ T. _____ R. _____		
City	State	Zip Code	_____/_____/_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____					

Pump Type (select one)

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

Date Pump Installed: 09/16/19 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 90 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (select 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

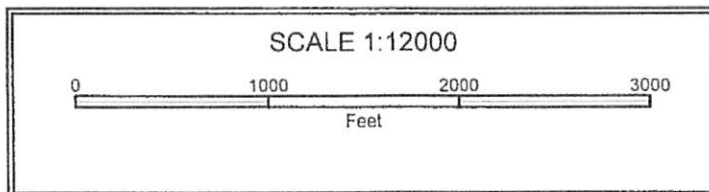
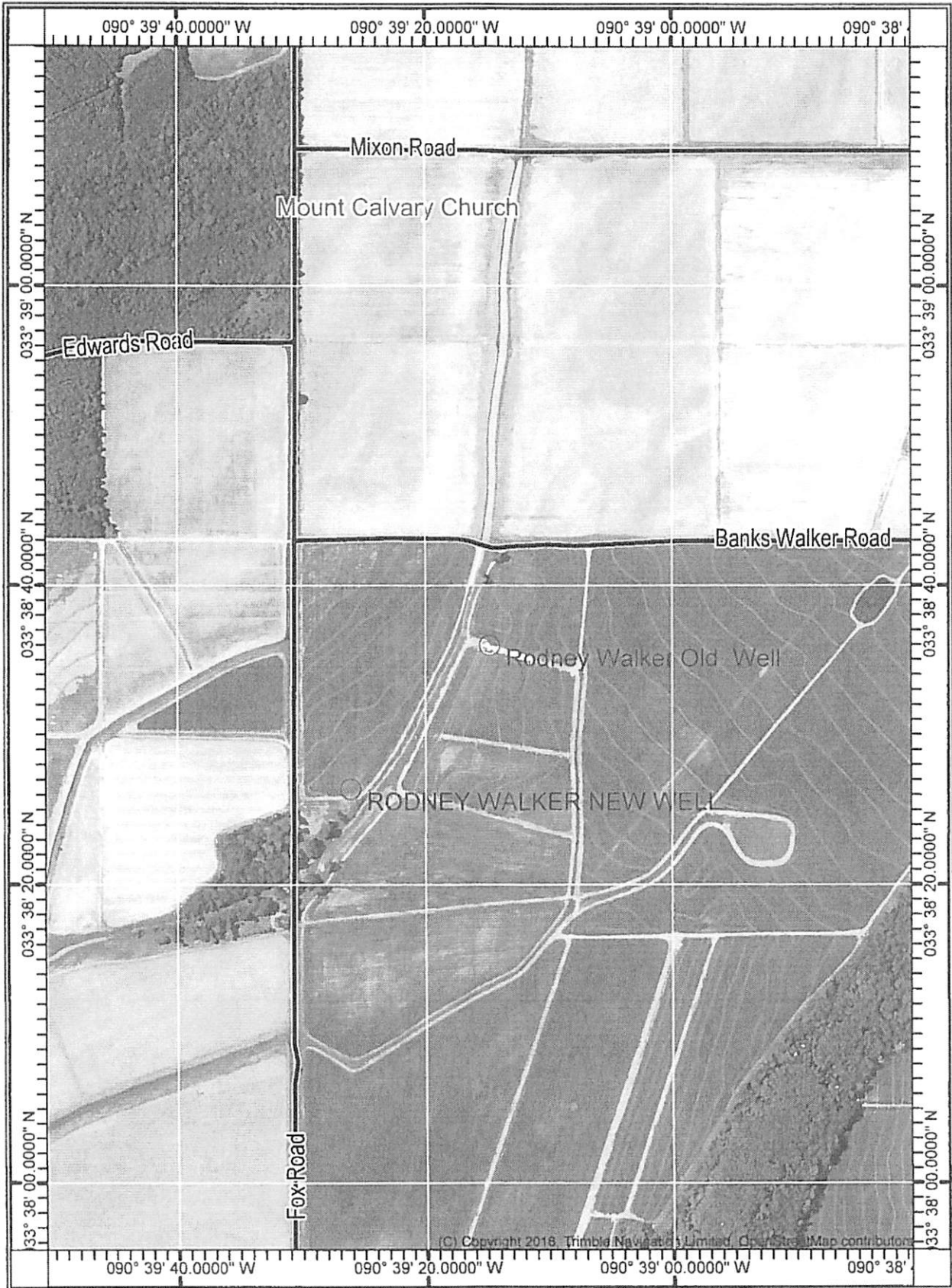
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.



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

David P. Holt 0-752P 9/12/19

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



RECEIVED
11-01-2019
BY OLWR



RECEIVED
11-01-2019
BY OLWR

Don R. Christy, 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

September 6, 2019

RSCD LLC / David Fisher
PO Box 110
Hondo, TX 78861

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50929
which will be replacing GW-11160 well located at
Location: SW1/4 of the NW1/4 Section 30 Township 21N Range 04W County Sunflower
Latitude: 33.640278 Longitude -90.655833

Dear RSCD LLC / David Fisher:

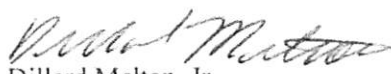
This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, 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