

County: Sunflower
Permit #: GW-49985
Driller: Irrigation Equipment, Inc.
Date drilling completed: 5-15-17

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 #: K181
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 <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location		
Owner Name: <u>Dyche Plantation</u>			Latitude: <u>33° 36' 20.8"</u> Longitude: <u>090° 33' 13.2"</u>		
Mailing Address: <u>397 Blaine Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Sunflower</u> <u>MS</u> <u>38778</u>			<u>NE 1/4 SE 1/4, Sec 1 T 20N R 4W</u>		
City State Zip code					
Telephone No. () -			Miles <u>West</u> of <u>Blaine</u>		
			<small>(Distance) (Direction) (Nearest Town)</small>		

Well / Borehole Data	
Date drilling started: <u>5-15-17</u>	Date drilling completed: <u>5-15-17</u> Hole depth: <u>127'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>Replaces GW10482</u>	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
<input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>58</u> feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface	Date measured: <u>5-16-17</u>
<small>(check one)</small>	
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____	
Well depth: <u>127'</u>	Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>87</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>88</u> feet to <u>127</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
<input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ Feet	

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

RECEIVED
JUN 01 2017
BY OLWR

Form: OLWR-SWR-1A (4/13)

County: Sunflower
 Permit #: GW-49985
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 5-15-17
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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: R181
 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>Dyche Plantation</u>			Latitude: <u>33° 36' 20.8"</u> Longitude: <u>090° 33' 13.2"</u>		
Mailing Address: <u>397 Blaine Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Sunflower</u>	<u>MS</u>	<u>38778</u>	<u>NE ¼ SE ¼, Sec 1 T 20N R 4W</u>		
City	State	Zip code			
Telephone No. () -			<u> </u> Miles <u>West</u> of <u>Blaine</u>		
			(Distance)	(Direction)	(Nearest Town)

Pump Type (check one)

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

Date Pump Installed 5-16-17 Rated Pump Capacity: 2000+/- Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

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

Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

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

Static Water Level (A): _____ 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 (check 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 (check 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.

RECEIVED
 JUN 01 2017
 BY OLWR

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

0695 5-30-17
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)



P.O. Box 129
Stoneville, MS 38776
Tel: (662) 686-7712
Fax: (662) 686-8078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

April 18, 2017

Dyche Plantation Inc.
Turner Arant
397 Blaine Road
Sunflower MS 38778

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49985
which will be replacing GW-10482 located at
Location: NW¼ of the NW¼ Section 18 Township 20N Range 03W County Sunflower
Latitude: 33 36.29 Longitude 90 33 11

Dear Dyche Plantation Inc. / Turner Arant:

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

RECEIVED
JUN 01 2017
BY OLWR

K181



Google Earth



RECEIVED
JUN 01 2017
BY OLWR