

County: Sunflower
 Permit #: GW-50092 ✓
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 4-10-17

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 #: Ø 242
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Brenda & Janice Kilby c/o Lee Simmons</u>	Latitude: <u>33° 29' 40.2"</u> Longitude: <u>090° 31' 36.6"</u>
Mailing Address: <u>193 Three Way 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>Indianola</u> <u>MS</u> <u>38751</u> City State Zip code	<u>SW</u> <u>1/4 SE</u> <u>1/4</u> , Sec <u>20</u> T <u>19N</u> R <u>3W</u>
Telephone No. <u>() -</u>	<u> </u> Miles <u>North</u> of <u>Moorhead</u> <i>(Distance) (Direction) (Nearest Town)</i>

Well / Borehole Data

Date drilling started: 4-10-17 Date drilling completed: 4-10-17 Hole depth: 127' Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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: 51 feet [above or below] land surface Date measured: 4-11-17
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (*describe*) _____

Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (*check one*): Neat Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (*describe*): _____

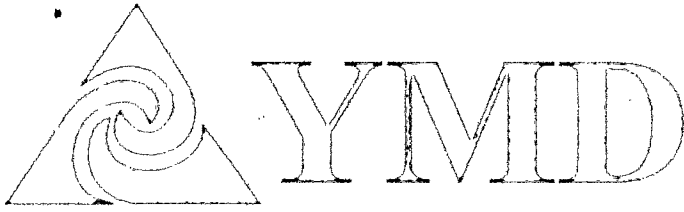
Top of lap pipe or reduction in casing: _____ Feet

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

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

0242



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

June 29, 2017

Lee Simmons
193 Three Way Rd
Indianola MS 38751

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50092
which will be replacing GW-01686 well located at
Location: SE¼ of the SW¼ Section 20 Township 19N Range 03W County Sunflower
Latitude: 33 29 37 Longitude 90 29 40

Dear Lee Simmons:

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.

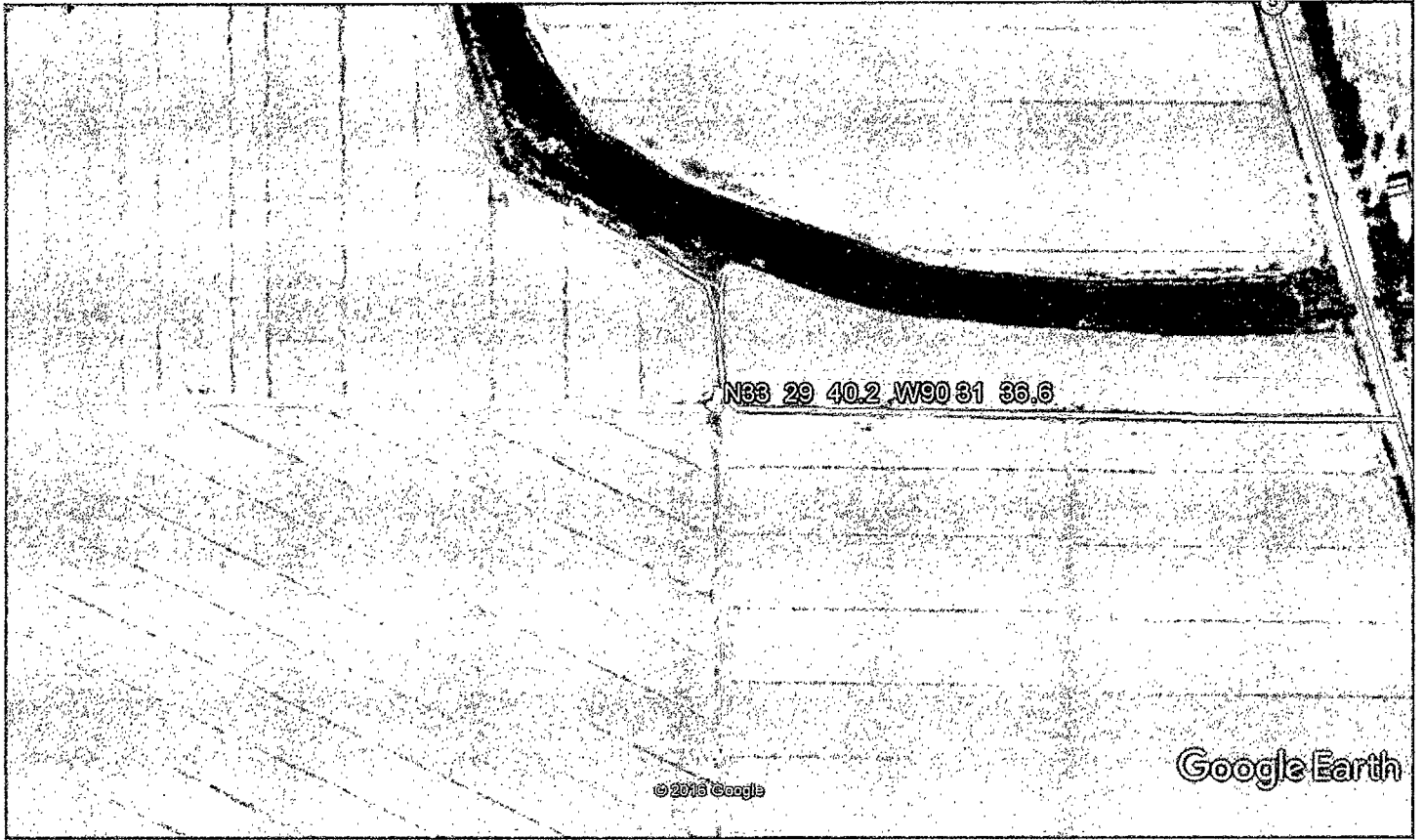
If you have any questions, please call YMD at 662-686-7712.

Sincerely,

Dillard Melton, Jr
Permitting Director

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