

STATE WELL REPORT

112

County: Sunflower
 Permit #: GW-51186
 Driller: Wes McMurry
 Date drilling completed: 6-29-20

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: R 276
 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.

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 JUL 21 2020
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| Well Owner Information (Landowner if borehole is not for a water well) | Well or Borehole Location |
|---|---|
| Owner Name: <u>Trans Fisheries Inc</u> | Latitude: <u>33° 27' 24.18"</u> Longitude: <u>90° 27' 30.05"</u> |
| Mailing Address: <u>Po Box 88</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u> Moorhead MS 38761</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 NE 1/4, Sec 01 T18N R03W</u> |
| Telephone No. <u>(662) 246-5171</u> | <u>3</u> Miles <u>E</u> of <u>Moorhead</u> |
| | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 6-29-20 Date drilling completed: 6-29-20 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: existing well

Method of dosing and volume of Chlorine used in drilling and development: NONE

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: 43 feet above or below land surface (check one) Date measured: 6-30-20

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

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one) neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 125 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

Replacement

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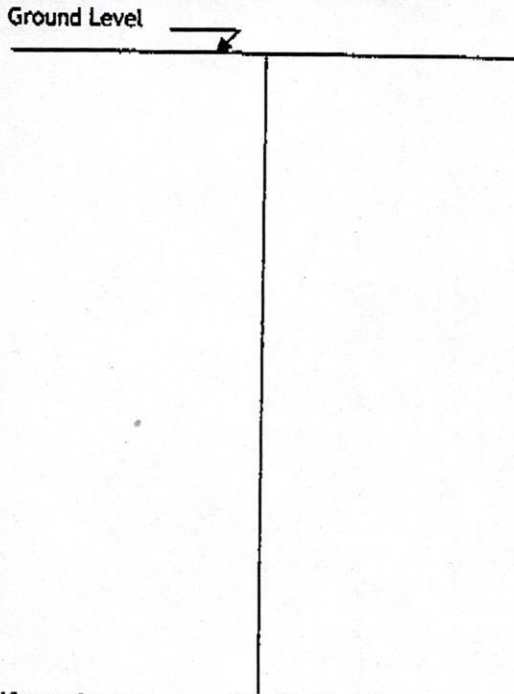
By OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

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

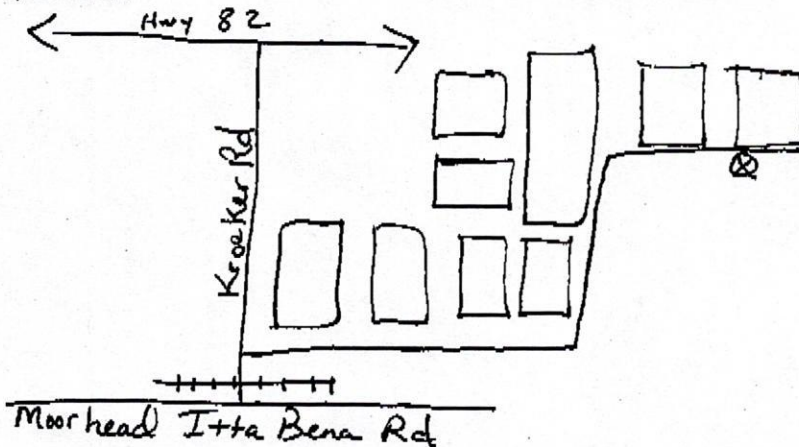


| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top Soils + Clay | Ground level | 15 |
| Clay | 15 | 25 |
| Clay | 25 | 35 |
| Clay + Fine Sand | 35 | 45 |
| Fine / Med. Sand | 45 | 55 |
| Med / Coarse Sand | 55 | 65 |
| Coarse Sand | 65 | 75 |
| Coarse Sand | 75 | 85 |
| Coarse Sand | 85 | 95 |
| Coarse Sand | 95 | 105 |
| Coarse Sand | 105 | 115 |
| Coarse Sand | 115 | 125 |
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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: Trans Fisheries

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.

Newton Overstreet 00008026 7-7-20 Newton Overstreet
 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)

County: Sunflower
 Permit #: GW-51186
 Driller: Wes McMurry
 Date completed: 6-30-20
Copy information from block on Part 1

For Office Use Only:
 Well #: R 276
 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>Trans Fisheries Inc</u> | | | Latitude: <u>33° 27' 24.18"</u> Longitude: <u>90° 27' 30.05"</u> | |
| Mailing Address: <u>P.O. Box 88</u> | | | Method of Lat/Long (check one): Conventional Survey _____ | |
| <u>Moorhead</u> City | <u>MS</u> State | <u>38761</u> Zip Code | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ | |
| Telephone No. () _____ | | | <u>SW</u> 1/4 <u>NE</u> 1/4, Sec <u>01</u> T <u>18N</u> R <u>03W</u> <u>3</u> Miles <u>E</u> of <u>Moorhead</u> (Distance) (Direction) (Nearest Town) | |

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-30-20 Rated Pump Capacity: 7,000 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: 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): 43 Feet Below Land Surface Pumping Water Level (B): 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 (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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Payton Overstreet 00008026 7-7-20 Payton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 JUL 31 2020
 BY OLWR



VTP
16" Well

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

May 19, 2020

Trans Fisheries Inc
PO Box 88
Moorhead, MS 38761

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51186
which will be replacing GW-05049 well located at
Location: SW 1/4 of the NE 1/4 Section 01 Township 18N Range 03W County Sunflower
Latitude: 33.456666 Longitude 90.458333

Dear Trans Fisheries:

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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