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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)

County: TALLAHATCHIE
 Permit #: GW-51742
 Driller: CHAD MATTOX
 Date drilling completed: 7/26/21

For Office Use Only:
 Well #: D 123
 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>BRENT WOOD</u>			Latitude: <u>34.045833</u>	Longitude: <u>-90.258889</u>
Mailing Address: <u>400 WILLIAM GLENN COURT</u>			Method of Lat/Long (check one): Conventional Survey <input type="radio"/>	
			USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>	
<u>MADDISON</u>	<u>MS</u>	<u>39110</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>12</u> T <u>25N</u> R <u>01W</u>	
City	State	Zip Code	<u>2</u> Miles <u>N</u> of <u>BRAZIL</u>	
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 7/26/21 Date drilling completed: 7/26/21 Hole depth: 110 Hole diameter: 16

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 (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: 7/26/21
 (select one)

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

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 70 feet to 110 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

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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

August 24, 2021

RE: CONSTRUCTION NOTICE

BRENT WOOD
400 WILLIAM GLEN COURT
MADISON, MS 39110

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-51742**
which will be replacing **GW-37927** well located at

Location: SW1/4 of the SW1/4 Section 12 Township 25N Range 01W County Tallahatchie
Latitude: 34.045833N Longitude -90.258611

Dear BRENT WOOD:

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,

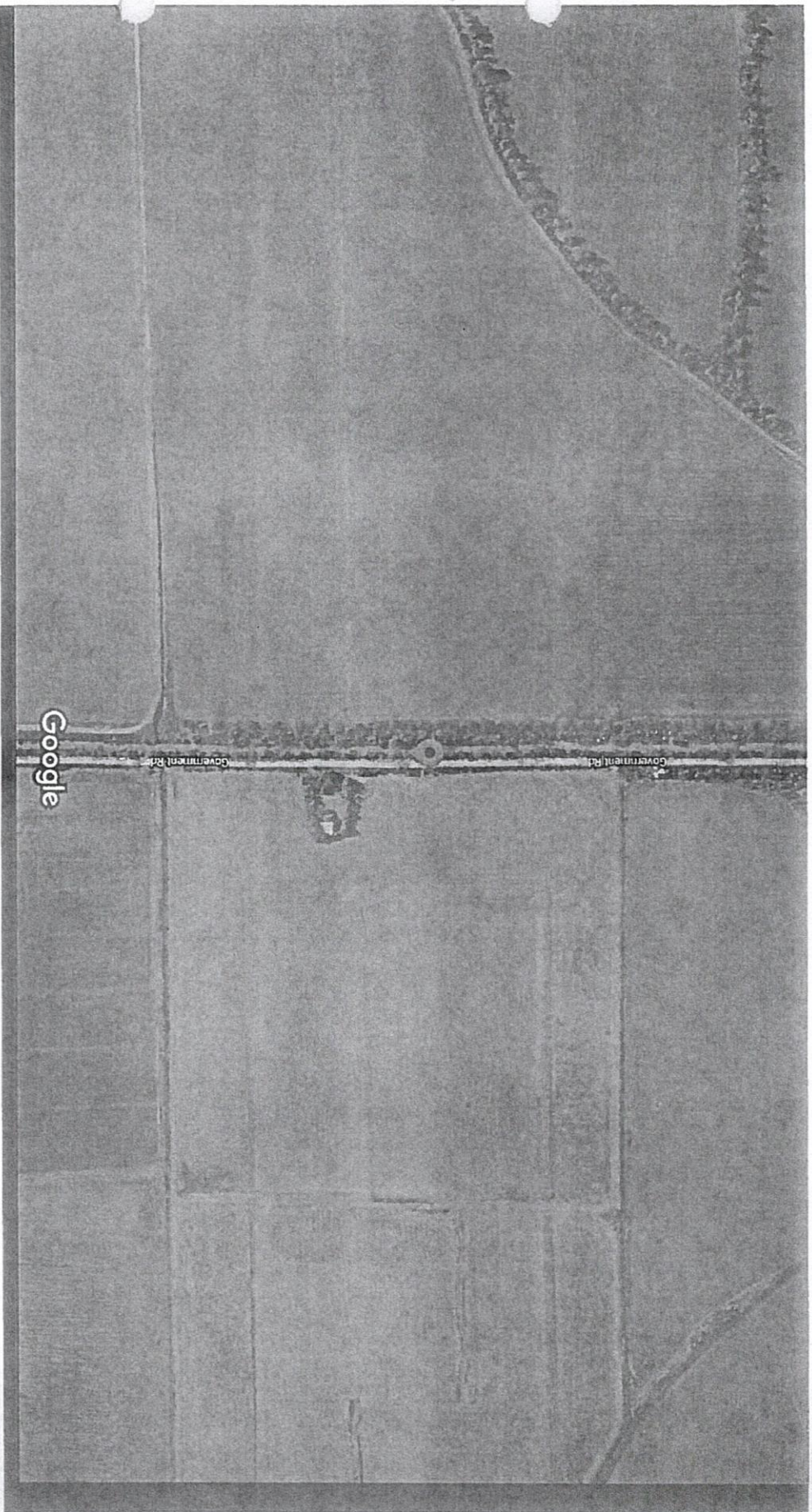
Dillard Melton, Jr
Permitting Director

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7/29/2021

34°02'45.0"N 90°15'32.0"W - Google Maps

Google Maps 34°02'45.0"N 90°15'32.0"W



Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021

200 ft

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[https://www.google.com/maps/place/34°02'45.0"N+90°15'32.0"W/@34.0456421,-90.2589604,731m/data=!3m1!1e3!4m5!3m4!1s0x0:0x018m2:3a34.0458333!4d-90.2588889](https://www.google.com/maps/place/34°02'45.0)