

STATE WELL REPORT

149

County: TALLAHATCHIE
 Permit #: GW-51531
 Driller: CHAD MATTOX
 Date drilling completed: 3/30/21

**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 #: 0151
 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.

<p align="center">Well Owner Information (Landowner if borehole is not for a water well)</p> Owner Name: <u>DUE WEST FARM</u> Mailing Address: <u>PO BOX 230</u>			<p align="center">Well or Borehole Location</p> Latitude: <u>33.877778</u> Longitude: <u>-90.285833</u> Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>10</u> T <u>23N</u> R <u>01W</u> <u>4</u> Miles <u>N</u> of <u>GLENDORA</u> (Distance) (Direction) (Nearest Town)		
<u>GLENDORA</u>	<u>MS</u>	<u>38928</u>			
City	State	Zip Code			
Telephone No. (____) _____					

Well / Borehole Data

Date drilling started: 3/30/21 Date drilling completed: 3/30/21 Hole depth: 115 Hole diameter: 19
 Location of the source of any surface water used for drilling: NEARBY DITCH
 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: 20 feet above/ below land surface Date measured: 3/30/21
 (select one)
 Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix
 Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: .032 inches Setting depth: From 70 feet to 115 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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County: TALLAHATCHIE
 Permit #: GW-51531

For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level \rightarrow	
15	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	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
CLAY & FINE SAND	10	40
FINE SAND & MED SAND	40	50
COURSE SAND	50	60
COURSE & PEA GRAVEL	60	80
MED SAND & PEA GRAVEL	80	115

If more than one screen, show location of each on sketch

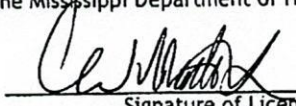
Sketch the property layout and include the following:

- 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

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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 4/11/21 
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Circle S Irrigation Inc. to install pump

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: <u>TALLAHATCHIE</u>
Permit #: <u>GW-51531</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>3/30/21</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>0151</u>
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>DUE WEST FARM</u>	Latitude: <u>33.877778</u> Longitude: <u>-90.285833</u>
Mailing Address: <u>PO BOX 230</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>GLENDORA</u> MS <u>38928</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>10</u> T <u>23N</u> R <u>01W</u>
City State Zip Code	<u>4</u> Miles <u>N</u> of <u>GLENDORA</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (select one)
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>4/1/21</u> Rated Pump Capacity: <u>850</u> Gallons Per Minute
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement

Power Type (select one)
<input checked="" type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

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 (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement
<i>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>

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>David P. Holt</u>	<u>0-752P</u>	<u>4/6/21</u>
Print Name of Pump Installer and License No. (if applicable)	Date	 Signature of Pump Installer

Untitled Map

Write a description for your map.

Google Earth

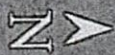
© 2021 Google

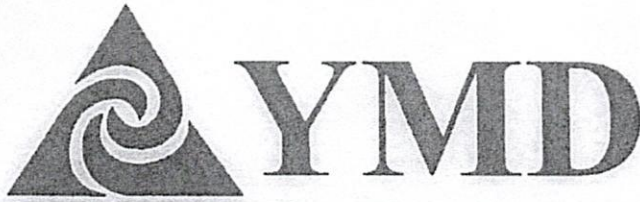
38°52'40.0"N 90°17'09.0"W

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Legend

800 ft





CIRS / Due West
21-0198

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

March 30, 2021

RE: CONSTRUCTION NOTICE

Due West Farm
PO Box 230
Glendora, MS 38928

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51531
which will be replacing GW-47455 well located at
Location: SE1/4 of the NW Section 10 Township 23N Range 01W County Tallahatchie
Latitude: 33.878333N Longitude -90.286111

Dear Due West Farm:

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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