

STATE WELL REPORT

134

County: TALLAHATCHIE
 Permit #: GW-51218
 Driller: CHAD MATTOX
 Date drilling completed: 8/18/20

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)

For Office Use Only:

Well #: Q 54
 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>C B DELTA</u>	Latitude: <u>33 50 34N</u> Longitude: <u>-90 05 47W</u> 33.845056 -90.096458
Mailing Address: <u>9012 SUN TREE LANE</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> _____
<u>GULFPORT</u> <u>MS</u> <u>39503</u>	USGS quad <input type="radio"/> _____, Hand-held GPS <input type="radio"/> _____, Survey-grade GPS <input type="radio"/> _____
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>21</u> T <u>23N</u> R <u>02E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 8/18/20 Date drilling completed: 8/18/20 Hole depth: 87 Hole diameter: 24

Location of the source of any surface water used for drilling: _____

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: 12 feet above / below land surface Date measured: _____
(select one)

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

Well depth: 87 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 47 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 50 feet to 87 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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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-51218</u>
Driller: <u>CHAD MATTOX</u>
Date completed: <u>08/24/20</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>Q54</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>C B DELTA</u>	Latitude: <u>33 50 34N</u> Longitude: <u>-90 05 47W</u>
Mailing Address: <u>9012 SUN TREE LANE</u>	Method of Lat/Long (select one): <u>33.84356</u> <u>-90.096458</u> <input type="radio"/> Conventional Survey <input type="radio"/>
<u>GULFPORT</u> MS 39503	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>21</u> T <u>23N</u> R <u>02E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (select one)
<input type="radio"/> Submersible <input checked="" 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>08/24/20</u> Rated Pump Capacity: <u>2200</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 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>80</u> Setting Depth: <u>50</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>12</u> 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

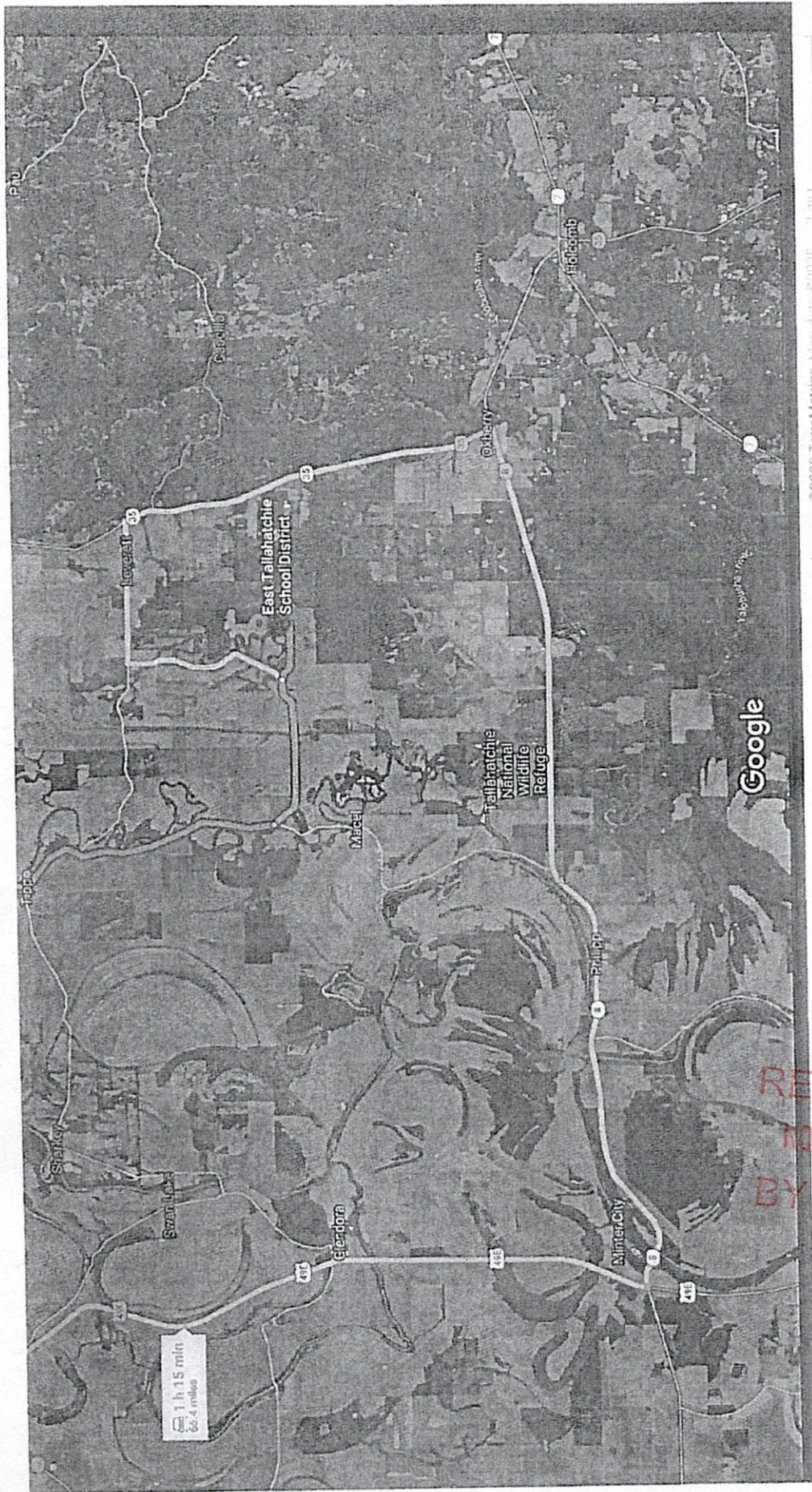
Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): <input type="radio"/> 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>

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

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Drive 46.1 miles, 56 min

Google Maps 420 Rain St, Clarksdale, MS to East Tallahatchie School District, Mississippi



1 h 15 min
 46.1 miles

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56 min
46.1 miles

via US 49 S
 Fastest route

1 h 15 min

via US-49E S and Hwy 8 E