

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D 137
 L. S. Elevation: _____
 E-log #: _____

County: Tunica
 Permit #: MS-GW-50725
 Driller: Chad Mattox
 Date drilling completed: 4-22-19

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Woolfolk Farms</u>	Latitude: <u>34° 44' 37"</u> Longitude: <u>90° 18' 27"</u>
Mailing Address: <u>PO Box 1092</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Tunica MS 38676</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec 12 Twn 04S Rng 11W</u>
Telephone No. () _____	Distance <u>2.8</u> Miles Direction <u>E</u> of Nearest Town <u>Hollywood</u>

Well / Borehole Data

Date drilling started: 4-22-19 Date drilling completed: 4-22-19 Hole depth: 120' 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 (circle 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 4-22-19

Method of Measurement (circle one) Steel tape electric tape air line other: _____

Well depth: 120' Well grouted to a depth of 60' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 1 1/2" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2" inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →	
20	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)
top soil	Ground Level	10
course	10	18
course	18	26
clay	26	32
course	32	46
med. sand	46	60
med. sand + pea gravel	60	70
" " " "	70	82
pea gravel + gravel	82	90
pea gravel + gravel	90	100
pea gravel + gravel	100	106
med. + pea gravel	106	110
med + pea gravel	110	120

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) a north arrow.

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Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I 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 H. Matrix WR-8243
Print Name of Responsible Licensee and License No.

6/21/19
Date

Chad H. Matrix
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)

For Office Use Only:

Well #: D 137
 Aquifer: _____

County: Tunica
 Permit #: MS-GW-50725
 Driller: Chad Mattox
 Date completed: 4-22-19
Copy information from block on Part 1

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>Woolfolk Farm + Land Co</u>			Latitude: <u>34 44 37</u> Longitude: <u>90 18 27</u>		
Mailing Address: <u>P.O. Box 1092</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Tunica</u>	<u>MS</u>	<u>38676</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>12</u> T <u>4S</u> R <u>11W</u>		
City	State	Zip Code			
Telephone No. (____) _____			<u>2.8</u> Miles <u>E</u> of <u>Hollywood</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9/22/19 Rated Pump Capacity: 2600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 250 Setting Depth: 70 feet Number of Stages: 3

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 (circle 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: _____

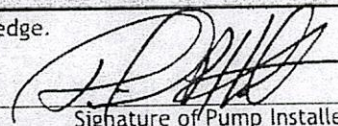
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle 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.

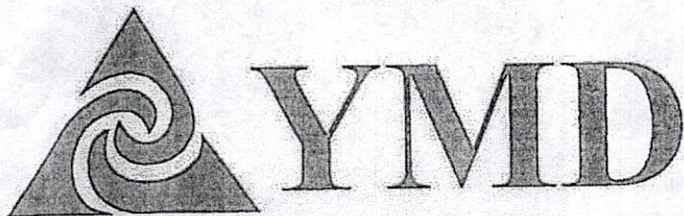
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David P Holt 5/29/19 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

A Circle S Irrigation to install pump.

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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

March 12, 2019

Woolfolk Farm and Land Company
PO Box 1092
Tunica, MS 38676

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50725**
which will be replacing MS-GW-36943 located at
Location: SE ¼ of the SE ¼ Section 12 Township 04S Range 11W County Tunica
Latitude: 344440 Longitude: 901827

Dear Woolfolk Farm and Land Company

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.

Dillard Melton Jr.
Permitting Director

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