

State Well Report

Part 1 - 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)

194

County: Tunica
Permit #: MS-GW-50557
Driller: Chad Mattox
Date drilling completed: 11-6-18

For Office Use Only:

Aquifer: E72
Well #: _____
L. S. Elevation: _____
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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>George and Duke Perry</u>	Latitude: <u>34° 42' 23"</u> Longitude: <u>90° 16' 43"</u>
Mailing Address: <u>1066 Perry Farm Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Tunica</u> MS <u>38676</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 29 Twn 04S Rng 10W</u> OK
Telephone No. <u>(662) 363-8766</u>	Distance <u>2.3</u> Miles Direction <u>W</u> of Nearest Town <u>Prichard</u>

Well / Borehole Data

Date drilling started: 11-6-18 Date drilling completed: 11-6-18 Hole depth: 102' 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: 30 feet above or below (circle one) land surface Date measured: 11-6-18

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

Well depth: 102' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 62' 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 6062 feet to 80 102 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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E72

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 	
2'	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	11
fine sand	11	20
fine sand	20	31
med sand + pea gravel	31	40
med sand + pea gravel	40	50
med sand + pea gravel	50	60
course	60	65
med sand + pea gravel	65	80
med sand, pea gravel, gravel	80	90
	90	102

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.

Charles H. Matthews UMR-8243 4/1/19
Print Name of Responsible Licensee and License No. Date

Charles H. Matthews
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: Tunica
 Permit #: MS-GW-50557
 Driller: Chad Mattox
 Date completed: 11-6-18
Copy information from block on Part 1

For Office Use Only:
 Well #: E72
 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>George + Duke Perry</u>	Latitude: <u>34 42 23</u> Longitude: <u>90 16 43</u>
Mailing Address: <u>1066 Perry Farm Rd.</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>NW</u> ¼ <u>SE</u> ¼, Sec. <u>29</u> T <u>04S</u> R <u>10W</u>
City State Zip Code	<u>2.3</u> Miles <u>W</u> of <u>Prichard</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-7-18 Rated Pump Capacity: 2000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 60 Setting Depth: 60 feet Number of Stages: _____

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Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 30 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

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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): _____

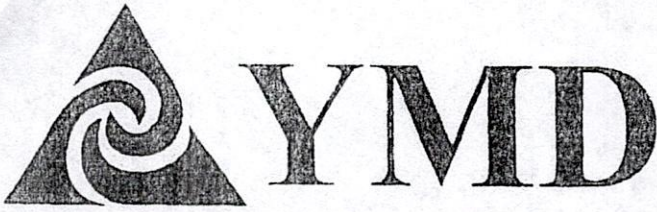
Installation Date: _____ Meter installed by: _____

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 0-752P 12-4-18 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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

E72

August 3, 2018

Perry Farms
1066 Perry Farms Road
Tunica, MS 38776

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RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50557**
which will be replacing GW-07211 well located at
Location: NW1/4 of the NE 1/4 Section 29 Township 04S Range 10W County Tunica
Latitude: 34 42 52 Longitude 90 16 43

Dear Perry Farms:

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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