

County: Tunica
 Permit #: GW-50949
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 8-1-19

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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: G 158
 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 (Landowner if borehole is not for a water well)			Well or Borehole Location	
Owner Name: <u>Maroon Charlie II LLC</u>			Latitude: <u>34° 39' 19.4"N</u>	Longitude: <u>90° 19' 10.0"W</u>
Mailing Address: <u>P.O. Box 1720</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Collierville</u>	<u>TN</u>	<u>38027</u>	<u>NW ¼ NW ¼, Sec 13 T 5S R 11W</u>	
City	State	Zip code		
Telephone No. () -			Miles <u>SE</u> of <u>Tunica</u>	
			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>8-1-19</u>	Date drilling completed: <u>8-1-19</u> Hole depth: <u>127'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
<input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>23</u> feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-2-19</u>	
(check one)	
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____	
Well depth: <u>127'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>87</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>88</u> feet to <u>127</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
<input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ Feet	
<i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (4/13)

County: Tunica
Permit #: GW-50949
Driller: Irrigation Equipment, Inc.
Date drilling completed: 8-1-19
Copy information from block on Part 1

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 #: G 158
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>Maroon Charlie II LLC</u>	Latitude: <u>34° 39' 19.4"N</u> Longitude: <u>90° 19' 10.0"W</u>
Mailing Address: <u>P.O. Box 1720</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Collierville</u> <u>TN</u> <u>38027</u> City State Zip code	<u>NW ¼ NW ¼, Sec 13 T 5S R 11W</u>
Telephone No. <u>() -</u>	<u> </u> Miles <u>SE</u> of <u>Tunica</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)
☐ Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____
Date Pump Installed 8-2-19 Rated Pump Capacity: 2000 +/- Gallons Per Minute
Is This Pump (check one): ☒ New ☐ Repaired ☐ Replacement

Power Type (check one)
☒ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): _____
Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

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 (check 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 (check 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.

0695

Print Name of Pump Installer and License No. (if applicable)

9-12-19

Date

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)



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

September 11, 2019

Maroon Charlie II LLC
PO Box 1720
Collierville, TN 38027

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50949**
which will be replacing GW-02549 well located at
Location: SW1/4 of the SW1/4 Section 12 Township 05S Range 11W County Tunica
Latitude: 34.655833 Longitude -90.320278

Dear Maroon Charlie II LLC:

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.

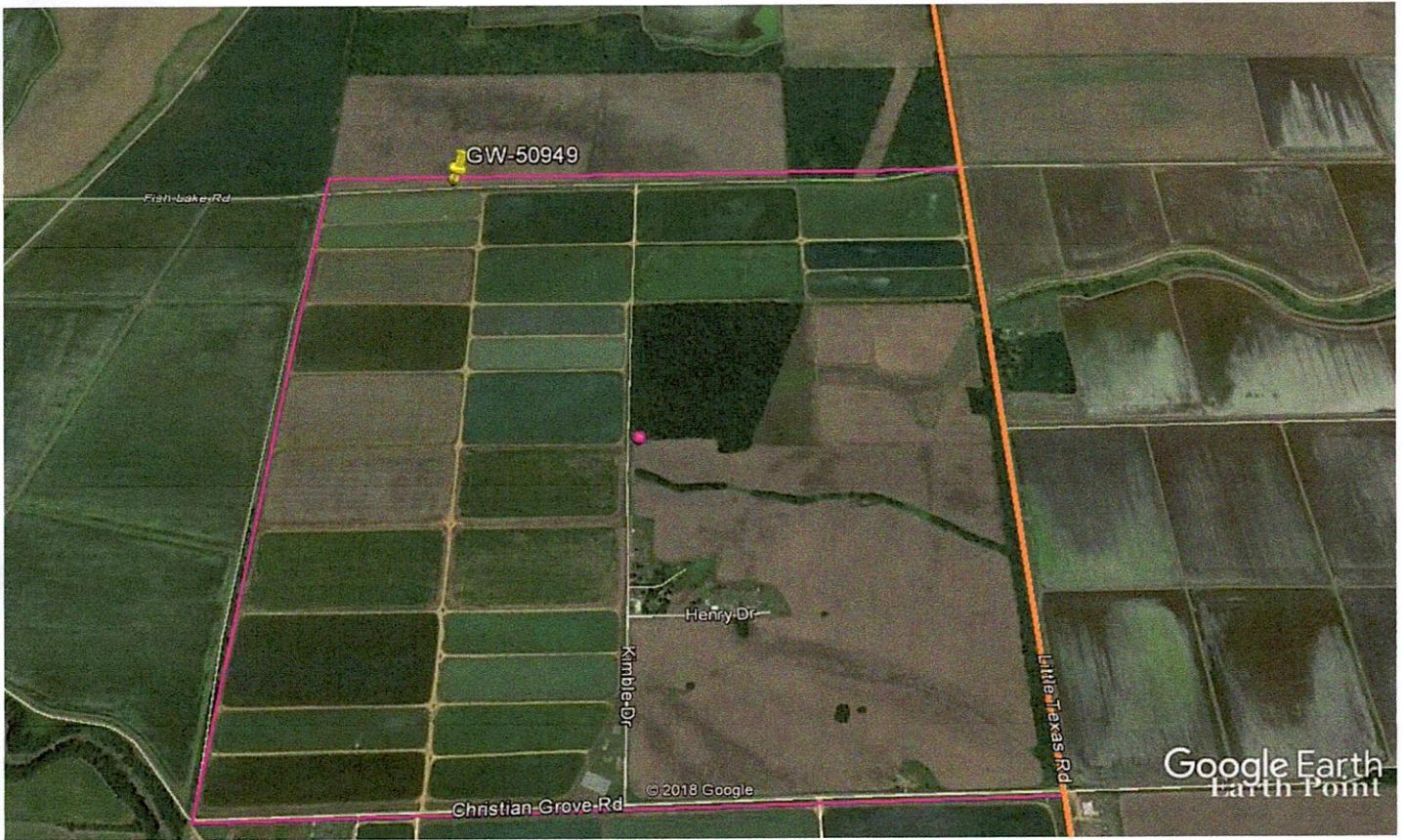
Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

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



Google Earth

