

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 #: A277
Aquifer: _____
E-Log #: _____

County: Washington
Permit #: GW-49470?
Driller: J. Newcome 0-773
Date drilling completed: 6/17/16

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>Lawrence Land Holdings LLC</u>	Latitude: <u>33 31 10</u> Longitude: <u>91 01 10</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Scott</u> <u>MS</u> <u>38772</u>	<u>SW SE SW NE</u> 1/4, Sec <u>3</u> T <u>19N</u> R <u>08W</u>
City State Zip Code	<u>2.6</u> Miles <u>NE</u> of <u>Winterville</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/17</u> Date drilling completed: <u>6/17</u> Hole depth: <u>120³</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>Ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets</u>
Logs run (circle all applicable): <input checked="" type="radio"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: <u>MAR 16 2017</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>OLWR</u>
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="radio"/> Bentonite Mix
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</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>16</u> feet to <u>120</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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BY OLWR

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

For Office Use Only:

Aquifer:
Well #: A277
Elevation:

County: Washington
Permit #: GW-49470
Driller: J. Newcome 0-773
Date completed: 6/17/16
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.

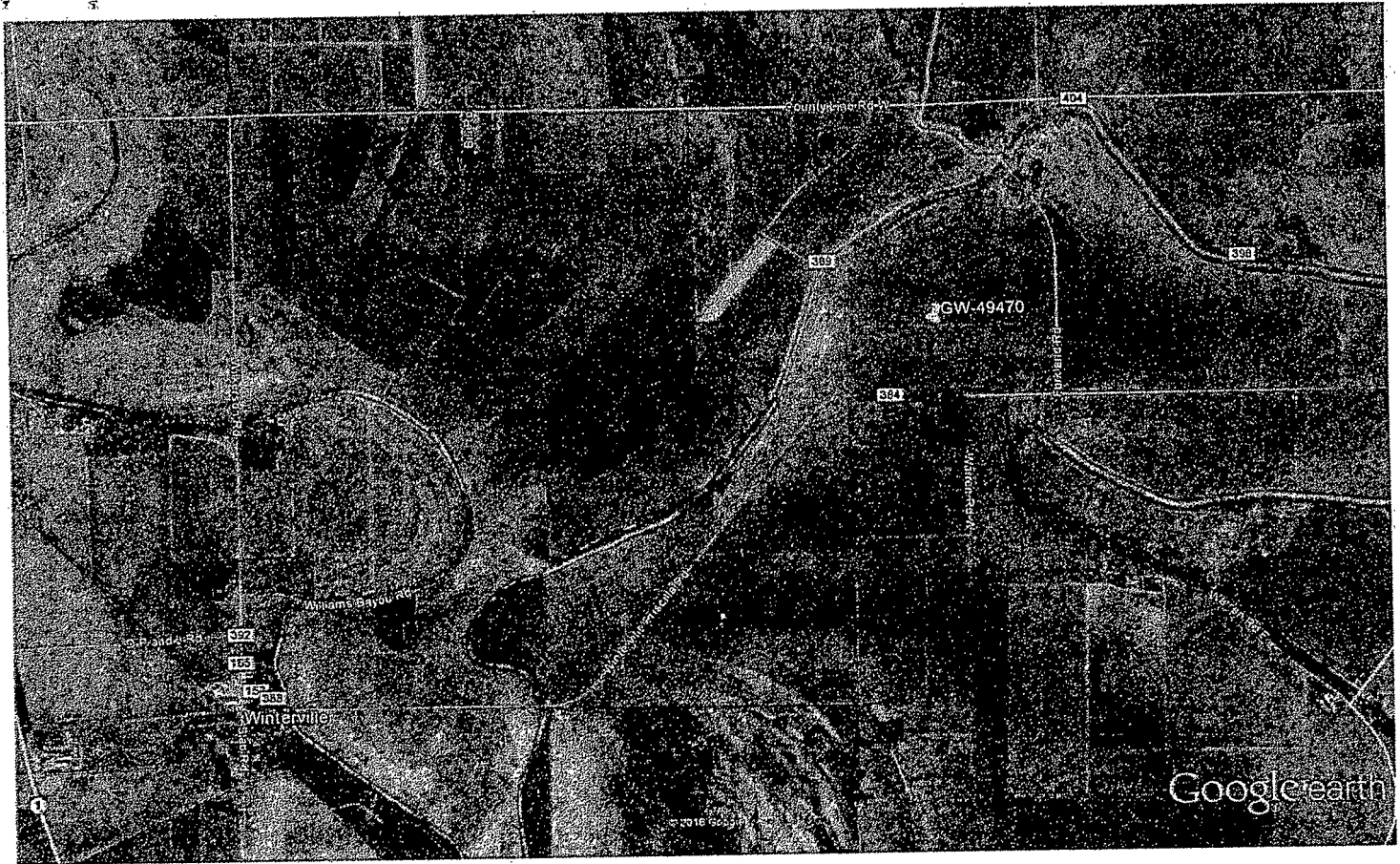
Well Owner Information: Lawrence Land Holdings LLC, P.O. Box 1, Scott MS 38772. Well Location: Latitude 33 31 10, Longitude 91 01 10, Method of Lat/Long: Conventional Survey, USGS quad SW 1/4 NE 1/4 Sec 3 T 19 N R 08 W, Distance 2.6 Miles NE of Winterville.

Pump Type: Turbine. Power Type: Diesel Engine. Horse Power Rating of Motor: 60. Setting Depth: 70 feet. Number of Stages: 1.

Pump Test Data: Not Tested. Method of Measuring Water Level: Not Tested.

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Hubbard Stephens 741-P, Signature of Pump Installer



Google earth



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Dean A. Pennington, 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

A277

May 6, 2016

Lawrence Land Holdings LLC
PO Box 1
Scott MS 38772

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49470
which will be replacing GW-02943 located at
Location: SW ¼ of the NE ¼ Section 3 Township 19N Range 08W County Washington
Latitude: 33 31 29 Longitude 91 00 47

Dear Lawrence Land Holdings 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

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MAY 10 2016