

County: Washington  
 Permit #: GW-50450-50188  
 Driller: Irrigation Equipment, Inc.  
 Date drilling completed: 6-1-17

**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 #: F207  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>St. Rest Planting Company</u>	Latitude: <u>33° 25' 20.8"N</u> Longitude: <u>90° 46' 14.3"W</u>
Mailing Address: <u>65 Holly Ridge Road</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>Indianola</u> MS <u>38751</u>	<u>NW 1/4 SE 1/4, Sec 12 T 18N R 6W</u>
City State Zip code	<u>        </u> Miles <u>SW</u> of <u>Holly Ridge</u>
Telephone No. <u>( ) -</u>	<i>(Distance) (Direction) (Nearest Town)</i>

**Well / Borehole Data**

Date drilling started: 6-1-17 Date drilling completed: 6-1-17 Hole depth: 127' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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) \_\_\_\_\_

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*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: 37 feet [ above or  below] land surface Date measured: 6-9-17  
*(check one)*

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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*

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



County: Washington  
 Permit #: GW-50188  
 Driller: Irrigation Equipment, Inc.  
 Date drilling completed: 6-1-17  
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 #: F207  
 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>St. Rest Planting Company</u>	Latitude: <u>33° 25' 20.8"N</u> Longitude: <u>90° 46' 14.3"W</u>
Mailing Address: <u>65 Holly Ridge Road</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>Indianola</u> <u>MS</u> <u>38751</u> City State Zip code	<u>NW 1/4 SE 1/4, Sec 12 T 18N R 6W</u>
Telephone No. <u>( ) -</u>	<u>SW</u> of <u>Holly Ridge</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed 6-9-17 Rated Pump Capacity: 1400+/- 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: 80 Setting Depth: 70 feet Number of Stages: 4

**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 11-6-17  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)

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P. O. Box 129  
 Stoneville, MS 38776  
 Tel.: (662) 686-7712  
 Fax: (662) 686-9078  
 www.ymd.org

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## Yazoo Mississippi Delta Joint Water Management District

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October 9, 2017

St. Rest Planting Company  
 65 Holly Ridge Road  
 Indianola MS 38751

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50188  
 which will be replacing GW-36050 located at

Location: NW ¼ of the SE ¼ Section 12 Township 18N Range 06W County Washington  
 Latitude: 33 25 21 Longitude 90 46 15

Dear St. Rest Planting Company / John Thomas Robertson:

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.

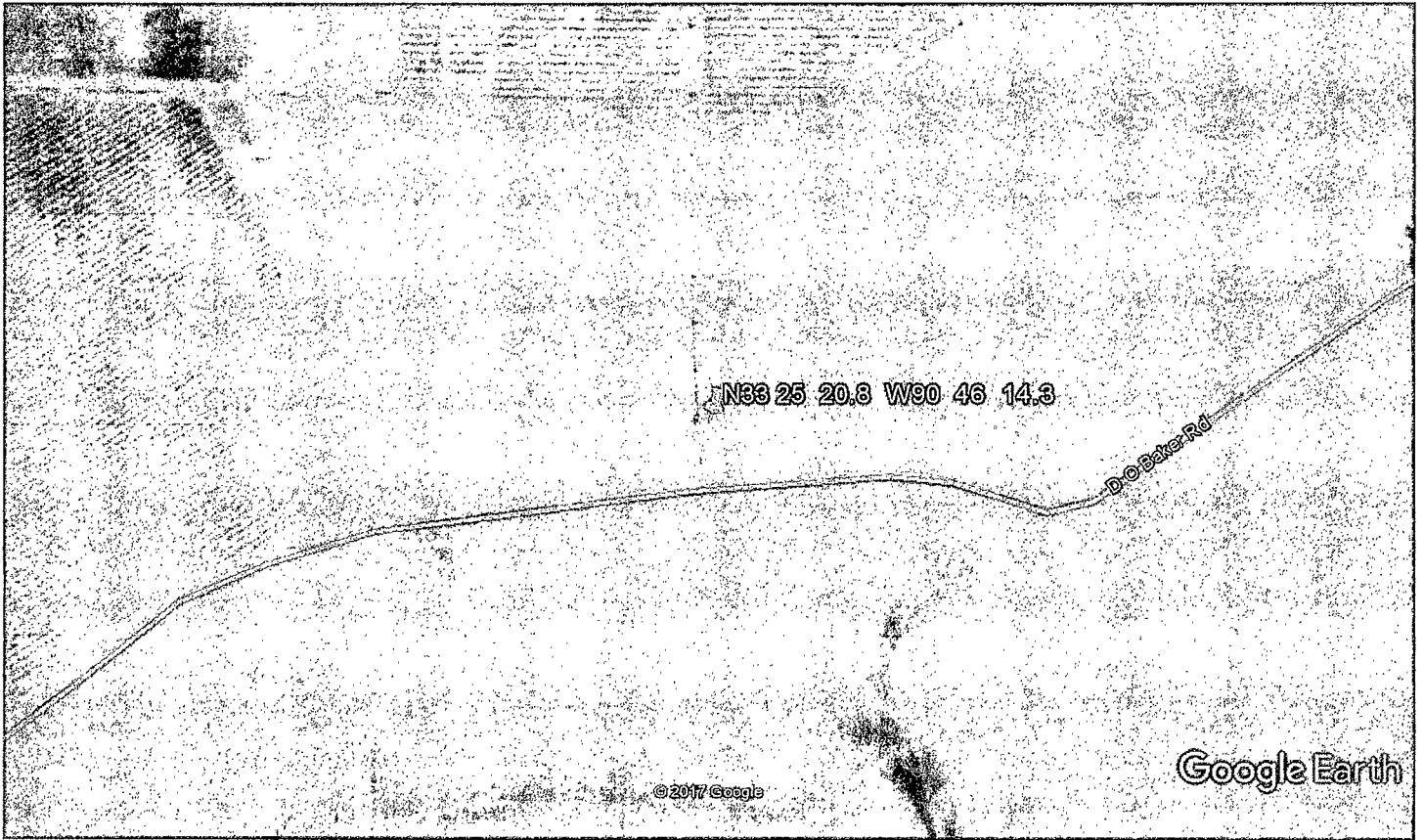
Sincerely,

Dillard Melton, Jr  
 Permitting Director

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