

110

County: Washington
 Permit #: 50876
 Driller: Charles M. Nichols
 Date drilling completed: 6-11-19

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: J 137
 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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Tri-delta farms</u>		33. 297 221 90. 859444 Latitude: " " Longitude: "	
Mailing Address: <u>1862 Hwy 433</u>		<u>33.287059</u> <u>-90.859391</u> Method of Lat/Long (circle one): Conventional Survey,	
<u>Leland</u> <u>MS</u> <u>38756</u> City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>30</u> Twp. <u>17N</u> Rng. <u>6W</u>	
Telephone No. () _____		Distance Direction Nearest Town Miles of	

Well / Borehole Data

Date drilling started: 6-11-19 Date drilling completed: 6-11-19 Hole depth: 113 Hole diameter: 24

Location of the source of any surface water used for drilling: another well nearby

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: Replenishment

If a flowing well, method of flow regulation: Valve _____ Other (describe): CW-05793

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 6-12-19

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

Well depth: 113 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 73 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 73 feet to 113 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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Washington
 Permit #: 50876
 Driller: Charles M. Nichols
 Date completed: 6-11-19
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J 137
 Elevation: _____

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.

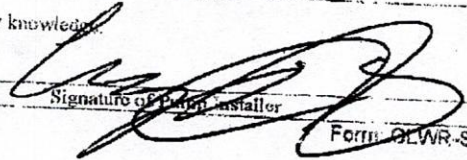
Well Owner Information	Well Location
Owner Name: <u>Tri Delta Farms</u>	Latitude: <u>33.237221</u> Longitude: <u>90.859744</u>
Mailing Address: <u>1862 Hwy 438</u>	<u>33.287059</u> Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Leland</u> <u>MS</u> <u>38756</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. () _____	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>30</u> T <u>17N</u> R <u>6W</u>
	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-12-19</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Pipe</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

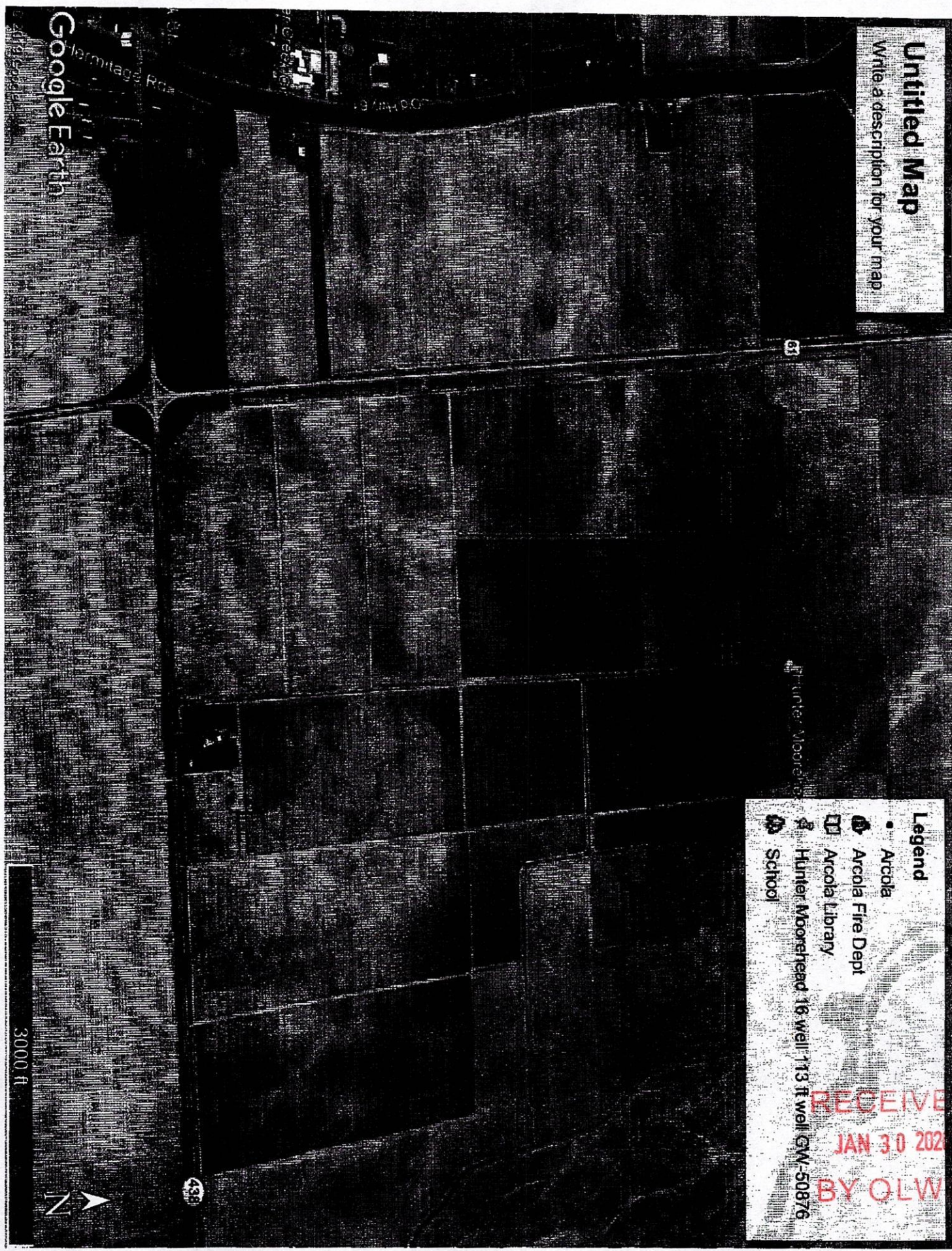
Charles Z. Nichols 8221
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

Form: OLWR-SWR-1B

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RV

Untitled Map
Write a description for your map



Google Earth

Hermitage Rd

Doyle Rd

63

Hunter Moorehead

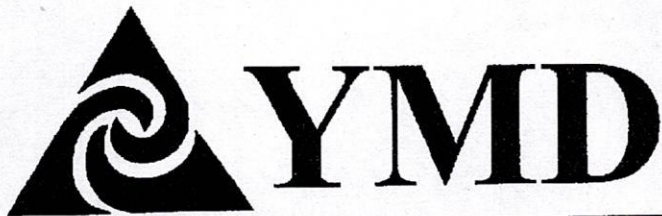
438

Legend

- Arcola
- 🚒 Arcola Fire Dept
- 📖 Arcola Library
- 🏫 Hunter Moorehead 16 well 113 ft well GW-50876 School

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3000 ft



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

June 20, 2019

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BY OLWR

TriDelta Farms Inc.
1862 Hwy 438
Leleand, MS 38756

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50876
which will be replacing GW-08793 well located at
Location: SE1/4 of the SW1/4 Section 30 Township 17N Range 06W County Sunflower
Latitude: 33.287221 Longitude 90.859444

Dear TriDelta Farms Inc:

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