

# STATE WELL REPORT

112

County: Washington  
 Permit #: MS GW-51064  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-1-20

**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)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: J 139  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Hunter Moorehead</u>	Latitude: <u>33°16'38.69</u> Longitude: <u>90°51'42.52" W</u>
Mailing Address: <u>Tri Delta Farms Inc.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>1862 Hwy 438</u>	<u>SE 1/4 NW 1/4, Sec 31 T 17N R 6W</u>
<u>Leland</u> MS <u>38756</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
City State Zip Code	
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 6-1-20 Date drilling completed: 6-1-20 Hole depth: 120 Hole diameter: 24"

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

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

Logs run (check all applicable):  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 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: 19 feet  above or  below land surface Date measured: 6-1-20  
(check one)

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

Well depth: 120 Well grouted to a depth of: 15 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 80 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 80 feet to 120 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

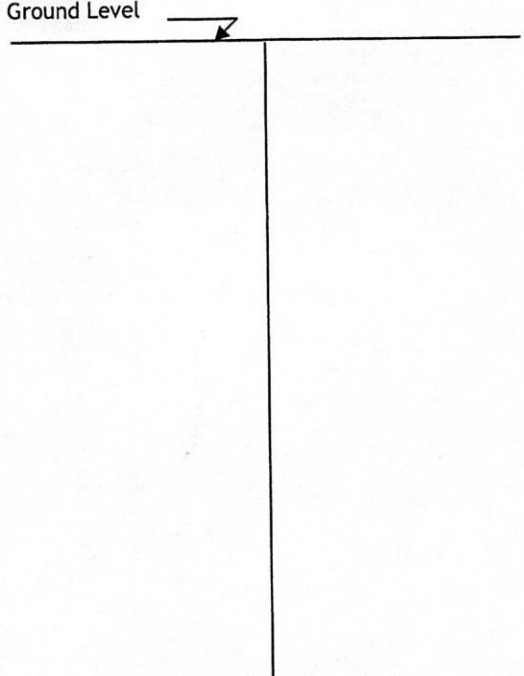
*If telescoped or more than one screen, describe on next page*

County: Washington  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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)
Sandy Clay	Ground level	20
Sand	20	30
Fine to med sand	30	40
med sand	40	50
CS + P-gravel	50	60
CS - P-gravel + gravel	60	100
gravel	100	110
CS - gravel	110	117
Clay	117	120

- 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) north arrow

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Landowner Name: Hunter Moorhead

I HEREBY 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 M. Nichols (0667) 6-10-20  
 Print Name of Responsible Licensee and License No.      Date

Charles M. Nichols  
 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)

**For Office Use Only:**

Well #: J 139  
 Aquifer: \_\_\_\_\_

County: Washington  
 Permit #: MS 610-51064  
 Driller: Charles M. Nichols  
 Date completed: 6-1-20  
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	Well Location
Owner Name: <u>Hunter Moorehead</u>	Latitude: <u>33°16'38.69"N</u> Longitude: <u>90°51'42.52"W</u>
Mailing Address: <u>Tri Delta Farms Inc</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>1862 Hwy 438</u>	<u>SE 1/4 NW 1/4, Sec 31 T 17N R 6W</u>
<u>Leland</u> MS <u>38756</u>	_____ Miles _____ of _____
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 6-2-2020 Rated Pump Capacity: 2,300 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): Customers

Horse Power Rating of Motor: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 19 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

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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 (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.

Charles Z Nichols 8221 6-10-20   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer




# Untitled Map

Write a description for your map.

tri delta farms 6-1-2020

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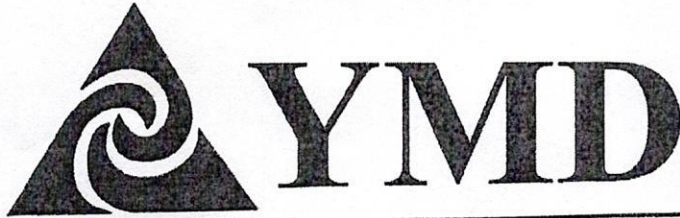
## Legend

 tri delta farms 6-1-2020



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Don R. Christy, PhD  
Executive Director  
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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December 30, 2019

Tri Delta Farms  
Hunter Moorhead  
1862 Hwy 438  
Leland, MS 38756

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51064  
which will be replacing GW-08794 located at  
Location: SE1/4 of the SW1/4 Section 31 Township 17N Range 6W County Washington  
Latitude: 33.2775 Longitude -90.86222

Dear Tri Delta 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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