

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

County: Bolivar
Permit #: GW-46312
Driller: Joel Jumper
Date drilling completed: 8-8-12

For Office Use Only:
Aquifer: A 142
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>Watts Planting Company</u>	Latitude: <u>34° 05' 58"</u> Longitude: <u>90° 50' 36"</u>
Mailing Address: <u>PO Box 429</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Clarksdale Ms 38614</u>	USGS quad: <u>SW 1/4 SW 1/4 Sec 29 Twn 26 N Rng 06 W</u>
City State Zip Code	Distance: <u>4</u> Miles Direction: <u>South</u> of Nearest Town: <u>Kenna Larc</u>
Telephone No. <u>662 902-8940</u>	

Well / Borehole Data

Date drilling started: 8-8-12 Date drilling completed: 8-8-12 Hole depth: 110 Hole diameter: 2 1/2 in

Location of the source of any surface water used for drilling: Nearest Well

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: _____

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 8-9-12

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 70 feet Casing diameter: 16 in inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 0 70 feet to 50 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of log pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

Form OLWR 0100 01/01/00

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-46312
 Driller: Joel Sumner
 Date completed: 8-9-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: A 142
 Well #: _____
 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>Watts Planting Company</u>	Latitude: <u>34-05.59</u> Longitude: <u>90-50-36</u>
Mailing Address: <u>PO Box 429</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale Ms 38614</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 29 T 26N R 06W</u>
Telephone No. <u>(662) 902-8940</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>Rena Lara</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 H.P.</u>
Date Pump Installed: <u>8-9-12</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>22</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2,500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Ted Coats 00004850 Teddy Coats
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-11.02.06
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 AUG 27 2012
 BY: OLWR



A/42
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

June 4, 2012

Watts Planting Company
PO Box 429
Clarksdale MS 38614

RE: Well Construction / Authorization to drill

Permit No: GW-46312

Dear Watts Planting Company,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.


Location: SW 1/4 of the SW 1/4 Section 29 Township 26N Range 06W County Bolivar
Latitude: 34 05 59 Longitude: 90 50 36

A copy of this notice or a water use permit **must be** attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

All applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call our office at 662/686-7712.

Sincerely,


Dillard Melton Jr.
Permitting Director

RECEIVED
AT 12:00 PM
BY: OJWB