

# State Well Report

## Part I - 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-49426  
Driller: TEDDY Coats  
Date drilling completed: 6-17-16

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A 1109  
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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name <u>Watts Planting Company</u>                                     | Latitude: <u>34° 04' 27"</u> Longitude: <u>90° 50' 50"</u>  |
| Mailing Address: _____   | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>PO. Box 429</u>   | <u>SE 1/4 SW 1/4 Sec 20 Twn 26N Rng 06W</u>   |
| <u>Clarksdale MS 38614</u>   | Distance Direction Nearest Town<br><u>5 Miles S of Rena Lura</u>                                    |
| City State Zip Code  |   |
| Telephone No. ( ) _____  |   |

**Well / Borehole Data**

Date drilling started: 6-17-16 Date drilling completed: 6-17-16 Hole depth: 118 Hole diameter: 28

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: 24 feet above or  below (circle one) land surface Date measured: 6-17-16

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

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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*

Form: OLWR-SW-100

Received

JUL 07 2016

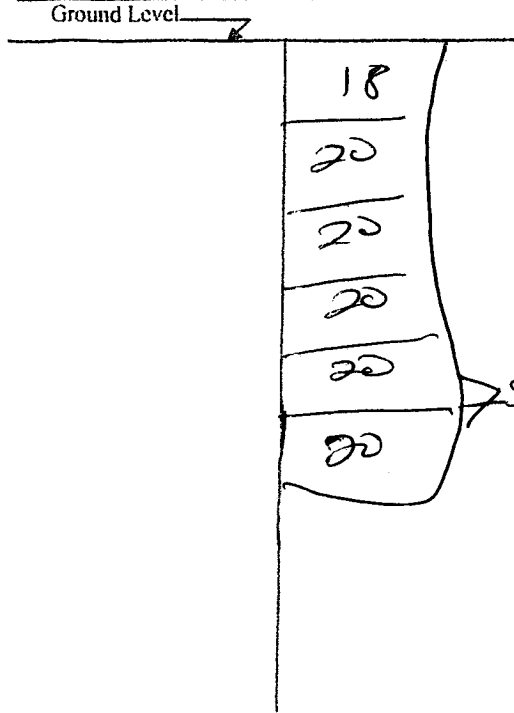
By OLWR

A1169

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| DIRT                                  | Ground Level | 20         |
| Sand                                  | 20           | 40         |
| Coars Sand                            | 40           | 60         |
| Gravel                                | 60           | 80         |
| Gravel                                | 80           | 100        |
| Gravel                                | 100          | 118        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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

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) a north arrow.

Landowner Name: Watts Planting Company

Form: OI.WR-SWR-1A (04/08)

I 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.

TEDDY COATS #5318 6-17-16  
 Print Name of Responsible Licensee and License No.      Date

Teddy Coats  
 Signature of Licensee

**Received**  
 JUL 07 2016  
 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: 1169  
 Aquifer: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-49426  
 Driller: TEDDY COATS  
 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                    | Well Location   |
|---|---|
| Owner Name: <u>Watts Planting Company</u> | Latitude: <u>34 627</u> Longitude: <u>90 50 50</u>  |
| Mailing Address: _____                    | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>PO. Box 429</u>                        | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Clarksdale MS 38614</u>                | <u>SE 1/4 SW 1/4, Sec 20 T 26 N R 06 W</u>  |
| City _____ State _____ Zip Code _____     | <u>5</u> Miles <u>S</u> of <u>Rena Lora</u>   |
| Telephone No. (____) _____                | (Distance) (Direction) (Nearest Town)   |

**Pump Type (circle one)**

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

Date Pump Installed: 6-17-16 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-17-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 24 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 4 Gallons Per Minute

Method of measurement (circle 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 (circle 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.

TEDDY COATS #5318 6-17-16 Teddy Coats

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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