

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A44  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: GW 44027 49008  
Driller: TEDDY RADS  
Date drilling completed: 9/7/15

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>Mohrhead Farm Properties LLC</u>	Latitude: <u>34° 24' 00"</u> Longitude: <u>90° 30' 49"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>P.O. Box 278</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lula MS 38644</u>	<u>NE 1/4 NW 1/4 Sec 33 Twn 30N Rng 03W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1/2</u> Miles Direction: <u>S</u> of <u>paradise point</u>
Telephone No. ( _____ ) _____	
Well / Borehole Data	
Date drilling started: <u>9/7/15</u> Date drilling completed: <u>9/7/15</u>	Hole depth: <u>110</u> Hole diameter: <u>28</u>
Location of the source of any surface water used for drilling: <u>nearest well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>9/7/15</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Replaces GW 44027

OCT 23 2015



STATE WELL REPORT

BY: OLWR

County: Columbia  
 Permit #: GW-49068  
 Driller: JOEL SUMPTER  
 Date completed: 9-7-15  
 Copy information from block on Part 1

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 #: A44  
 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>JOHN MOHEAD</u>	Latitude: <u>90° 30' 49"</u> Longitude: <u>34° 26' 00"</u>
Mailing Address: <u>1180 MOHEAD RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LULA</u> <u>MS</u> <u>38644</u>	<u>NE</u> 1/4 <u>NW</u> 1/4, Sec <u>33</u> T <u>30N</u> R <u>03W</u>
City State Zip Code	<u>4</u> Miles <u>SW</u> of <u>LULA</u>
Telephone No. <u>(602) 337-2828</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 9-8-15 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute  
 Is This Pump (circle one):  New Repaired Replacement

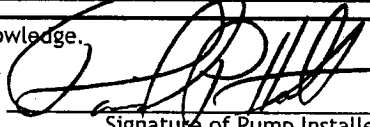
**Power Type (circle one)**  
 Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 3

**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 (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.  
DAVID P. HOLT 0-752P 9-24-15   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

130760

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
 Office of Land and Water Resources  
 P. O. Box 10631  
 Jackson, MS 39289  
 Water Well Plugging/Decommissioning Form  
 OLWR-DF-1 (1/03)

COUNTY WELL LOCATED: <u>Coahoma</u>		WELL NUMBER: <u>MS-GW-49068</u>
PERMIT NUMBER:	DATE WELL PLUGGED: <u>11-5-18 A44</u>	
NAME OF FIRM PLUGGING WELL: <u>Circle S Irrigation</u>	TELEPHONE NUMBER: <u>662-627-7246</u>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>38644</u>		
<u>mohead Farm Properties LLC PO Box 278 Lula, MS</u>		
WELL LOCATION:	SECTION: <u>33</u>	TOWNSHIP: <u>30N</u> RANGE: <u>03W</u>
WELL LOCATION: LATITUDE: <u>34 26 00</u>	LONGITUDE: <u>90 30 49</u>	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) <input checked="" type="checkbox"/> HAND HELD OR SURVEY GRADE
DISTANCE: <u>2.3</u> mi	DIRECTION: <u>SW</u>	NEAREST TOWN: <u>Lula</u> OTHER LANDMARK:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Irrigation</u>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL:		
NAME OF LANDOWNER WHEN WELL WAS DRILLED:		


RECEIVED  
 DEC 10 2018  
 BY OLWR

WELL DATA		
WELL DEPTH:	HOLE DEPTH:	
CASING DIAMETER (IN.): <u>16</u>	CASING LENGTH (FT.): <u>80</u>	TYPE OF CASING:
DEPTH TO STATIC WATER LEVEL:	DATE WELL COMPLETED:	
WHY IS THE WELL BEING ABANDONED? <u>no longer needed.</u>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

PUT 5 CUBIC YARDS OF SAND & GRAVEL ALONG WITH 1.2 POUNDS OF CHLORINE TABLETS. REMOVED 3 FEET OF DIRT FROM AROUND WELL. FILLED CASING & AREA AROUND WELL WITH BENTONITE. CUT CASING OFF 3 FEET BELOW GROUND LEVEL.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

<u>DAVID P. HOLT</u>	<u>0-752P</u>
	MS LICENSE NUMBER
SIGNATURE	<u>11-21-18</u>
	DATE