

# 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 #: A45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Calhoun  
Permit #: GW-48747  
Driller: TEDDY COATS  
Date drilling completed: 4/1/15

**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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>MOON LAKE FARMS</u>   | Latitude: <u>34°29'33"</u> Longitude: <u>90°32'29"</u>                     |
| Mailing Address: _____   | Method of Lat/Long (circle one): Conventional Survey                       |
| <u>6875 Old Highway 61</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                                 |
| <u>Calhoun MS 38617</u>  | <u>W 1/4 NE 1/4 Sec 07 Twn 30 N Rng 03 W</u>                               |
| City: _____ State: _____ Zip Code: _____                                     | Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>BULLA</u> |
| Telephone No. (_____) _____  |  |

### Well / Borehole Data

Date drilling started: 4/1/15 Date drilling completed: 4/1/15 Hole depth: 110 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: 25 feet above or below (circle one) land surface Date measured: 4/1/15

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: 14 inches Type of casing: PVC

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

Screen slot size: 0.55 inches Setting depth: From 0 feet to 110 feet

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

Other (describe): \_\_\_\_\_

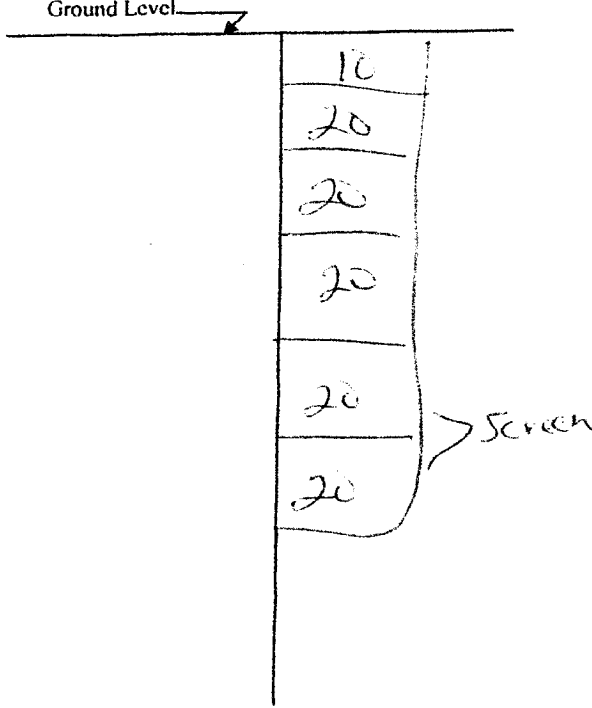
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

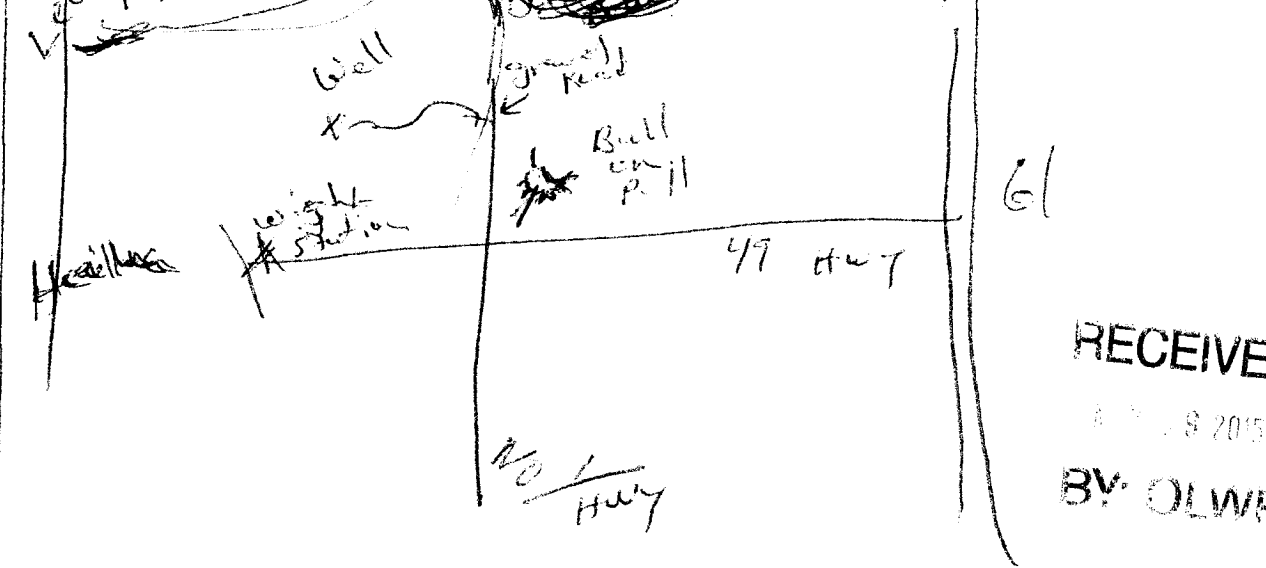


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation.

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Dir                                   | Ground Level | 10         |
| Dirt/Cl                               | 10           | 20         |
| Sand - Clay                           | 20           | 40         |
| Sand gravel                           | 40           | 60         |
| Gravel                                | 60           | 80         |
| Rock                                  | 80           | 100        |
| Gravel                                | 100          | 110        |
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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: MOON Lake Farms

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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.

TODD COOBS 5318     4/1/15     Todd Coobs  
Print Name of Responsible Licensee and License No.     Date     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 #: A45

Aquifer: \_\_\_\_\_

County: COAHOMA  
 Permit #: GW-48747  
 Driller: TEODY COATS  
 Date completed: 4.1.15  
 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>MOONLAKE FARMS</u>                         | Latitude: <u>34° 29' 33"</u> Longitude: <u>90° 32' 29"</u>  |
| Mailing Address: <u>6875 OLD HWY 61</u>                   | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>COAHOMA</u> City <u>MS</u> State <u>38617</u> Zip Code | <u>NE 1/4 NE 1/4</u> Sec <u>7</u> T. <u>30N</u> R. <u>3W</u>  |
| Telephone No. <u>(662) 627-3288</u>                       | <u>4.3</u> Miles <u>NW</u> of <u>LULA</u><br>(Distance) (Direction) (Nearest Town)                                      |

**Pump Type (circle one)**

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

Date Pump Installed: 4-2-15      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: \_\_\_\_\_      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

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*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      4-21-15      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

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