

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: Coahoma
Permit #: SW-48296
Driller: TEODY COATS
Date drilling completed: 2/13/15

For Office Use Only:
Aquifer: _____
Well #: C153
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>Heaton Farms II</u>	Latitude: <u>34° 21' 39.1"</u> Longitude: <u>90° 31' 32.4"</u>
Mailing Address: _____ <u>P.O. Box 158</u> <u>Lyon MS, 38645</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 29 Twn 29N Rng 03W</u>
Telephone No. () _____	Distance 1/2 Miles Direction <u>South</u> of Nearest Town <u>Coahoma</u> <u>1/2</u>
Well / Borehole Data	
Date drilling started: <u>2/13/15</u> Date drilling completed: <u>2/13/15</u> Hole depth: <u>115</u> Hole diameter: <u>21</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 type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump _____ Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above <input type="checkbox"/> or below <input checked="" type="checkbox"/> (circle one) land surface Date measured: <u>2/13/15</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> <u>electric tape</u> <input checked="" type="checkbox"/> air line other: _____	
Well depth: <u>115</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>P.V.C</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>P.V.C</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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>	

Form: OLWR-SWR-1A (04/08)

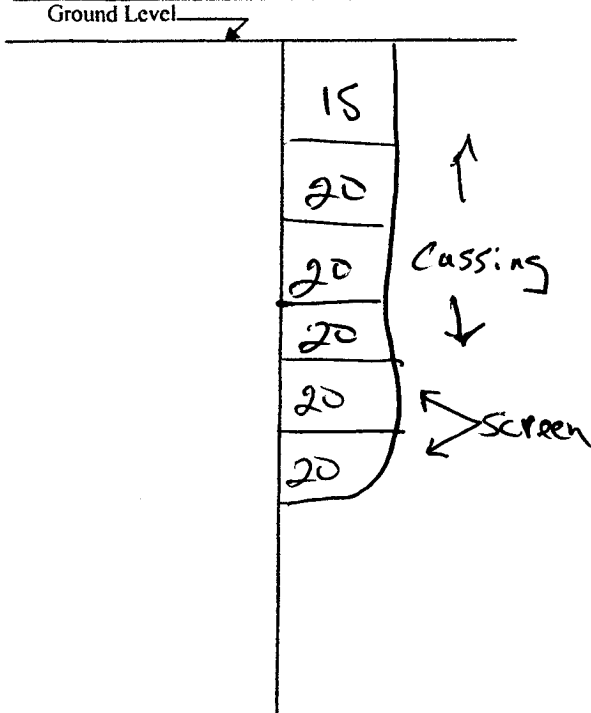
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MAR 20 2015

BY: OLWR

The sketch below only required for water wells

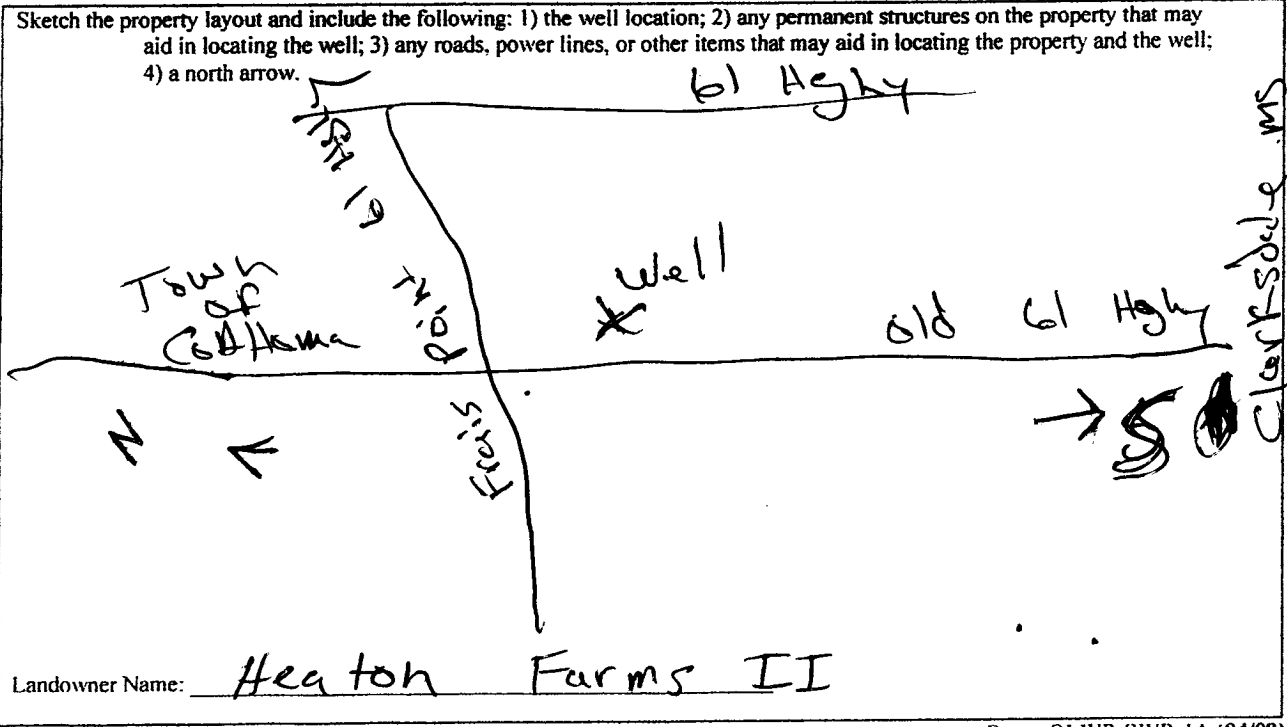
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	10
Dirt	10	20
Dirt	20	30
Sand	30	40
Cours Sand	40	60
Cours Sand	60	80
Gravel	80	90
Gravel	90	100
Gravel	100	110
Gravel	110	115

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



Landowner Name: Heaton Farms II

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.

Print Name of Responsible Licensee and License No. TEODY COATS # 5318 Date 2/13/15

Signature of Licensee TEODY COATS MAR 20 2015

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STATE WELL REPORT
Part 2

County: COAHOMA
Permit #: GW-48296
Driller: TEDDY COATS
Date completed: 2-13-15
Copy information from block on Part 1

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 #:
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: HEATON FARMS II, P.O. BOX 158, LYON MS 38645, Telephone No. 662-624-6112
Well Location: Latitude: 34° 21' 39.1" Longitude: 90° 31' 32", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4, Sec 29 T 29N R 03W, 1/2 Miles S of COAHOMA

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 3-27-15 Rated Pump Capacity: 850 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: 15 Setting Depth: 60 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 hours):
Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B):
Drawdown [(B) - (A)]: Test Pumping Rate:
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 3-31-15
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer