

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: Coshama  
Permit #: GW-49698  
Driller: Joel Jumper  
Date drilling completed: 12-8-16

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C-157  
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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Morris Tim</u> Mailing Address: <u>1635 Friars Point Road</u> <u>Clarksdale Ms 38614</u> City State Zip Code Telephone No. ( ) _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 24' 58"</u> Longitude: <u>90° 29' 8"</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS SE USGS quad, <u>Sto 1/4 NE 1/4</u> Sec <u>03</u> Twn <u>29N</u> Rng <u>03W</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Moan Lake</u></p>
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Well / Borehole Data

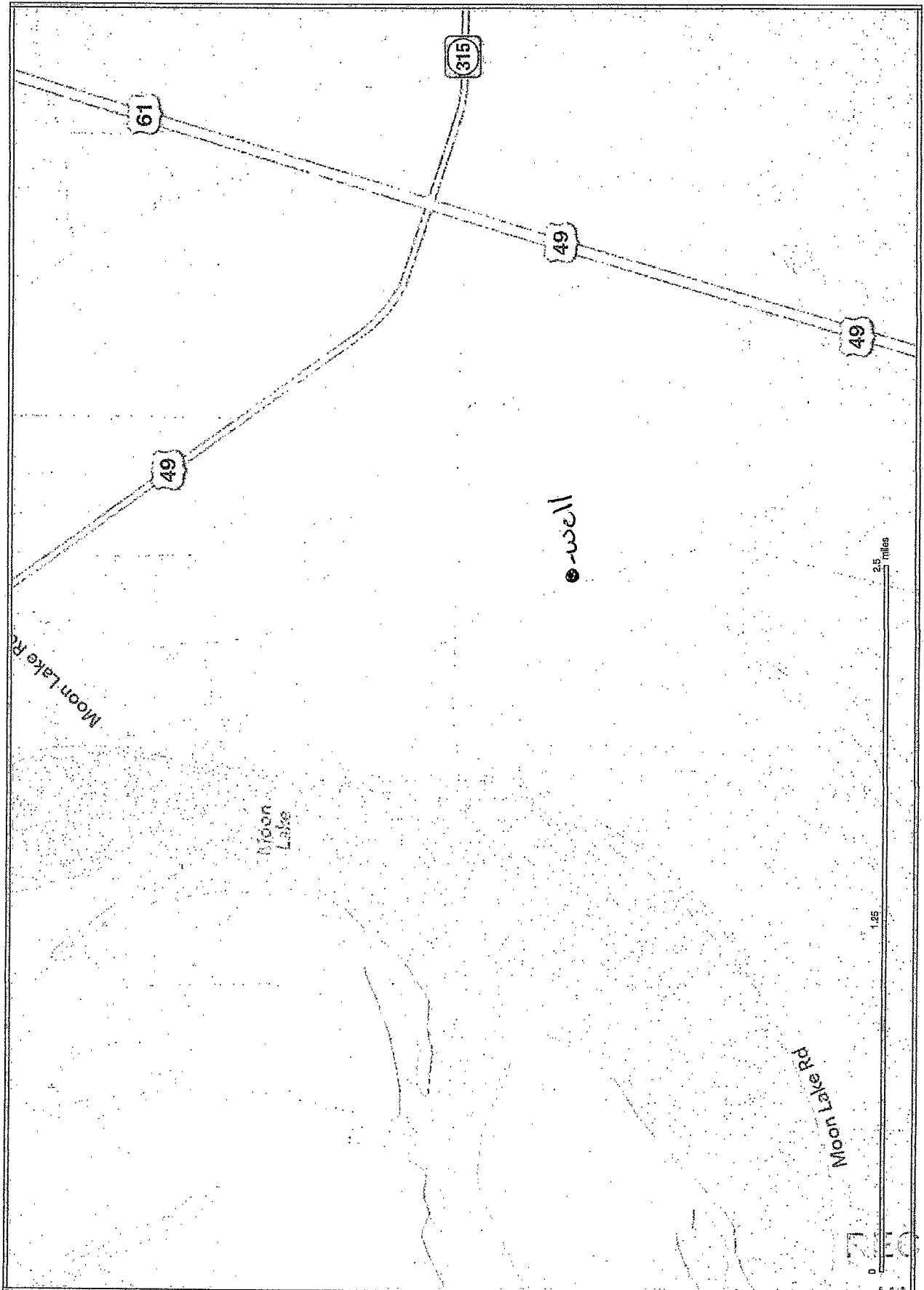
Date drilling started: 12-8-16 Date drilling completed: 12-8-16 Hole depth: 125 Hole diameter: 26in  
Location of the source of any surface water used for drilling: Nearest Well  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
Logs run (circle all applicable): 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: 15 feet above or below (circle one) land surface Date measured: 12-8-16  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 85 feet Casing diameter: 16 inches Type of casing: pvc  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc  
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-SWR-1A (04/08)

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# STATE WELL REPORT

Part 2

County: Coahoma  
 Permit #: GW-49698  
 Driller: Joel Jumper  
 Date completed: 12-9-16  
*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 #: C157  
 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>Tim Morris</u>	Latitude: <u>34-24-58</u> Longitude: <u>90-29-8</u>
Mailing Address: <u>1635 Friars</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Point Rd</u>	USGS quad <u>S605E 1/4 NW 1/4 Sec 02 T 29 N R 03 W</u>
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	<u>1/2</u> Miles <u>E</u> of <u>Moon Lake</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. ( ) _____	

**Pump Type (circle one)**

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

Date Pump Installed: \_\_\_\_\_ 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: 100 Setting Depth: 100 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-9-16 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 2,500 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.

Joel Jumper 5317 12-9-16 [Signature]

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

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