

# 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: Coahoma  
Permit #: GW-49697  
Driller: Joel Jumper  
Date drilling completed: 12-10-16

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: C158  
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 style="text-align: center;"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Morris, Tim</u> Mailing Address: <u>1635 Friars Point Rd</u> <u>Clarksdale Ms 38614</u> City State Zip Code Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Borehole Location</b></p> <p>Latitude: <sup>OK</sup><u>34° 25' 1"</u> Longitude: <sup>OK</sup><u>90° 28' 54"</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS SW USGS quad, <u>SE 1/4 NE 1/4</u> Sec <u>03</u> Twn <u>29N</u> Rng <u>03W</u> NW Distance <u>1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Moon Lake</u></p>
---	---

**Well / Borehole Data**

Date drilling started: 12-10-16 Date drilling completed: 12-10-16 Hole depth: 125 Hole diameter: 2 1/2 in  
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: 16 feet above or below (circle one) land surface Date measured: 12-11-16  
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 60 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)

RECEIVED

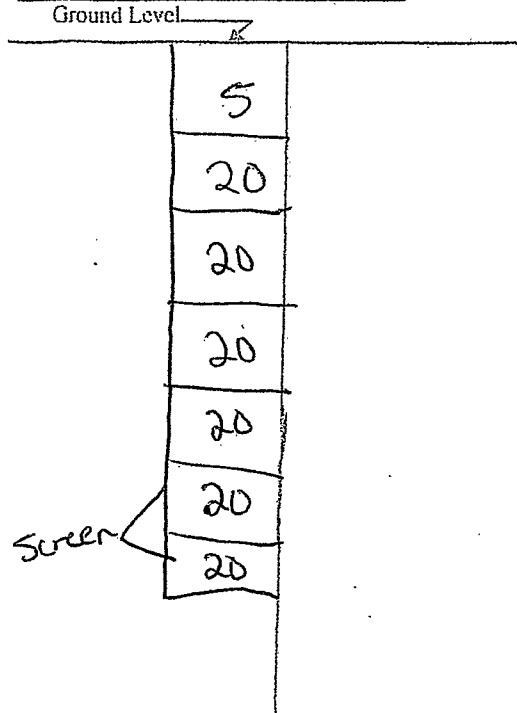
JAN 10 2017

PY OLWR

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)
Top Soil	Ground Level	20
sand	20	40
sand	40	60
Course sand	60	80
Course sand	80	100
Gravel + sand	100	120
Gravel	120	125

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: Tim Morris

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.

Joel Jumper 5317 12-11-16  
 Print Name of Responsible Licensee and License No. Date

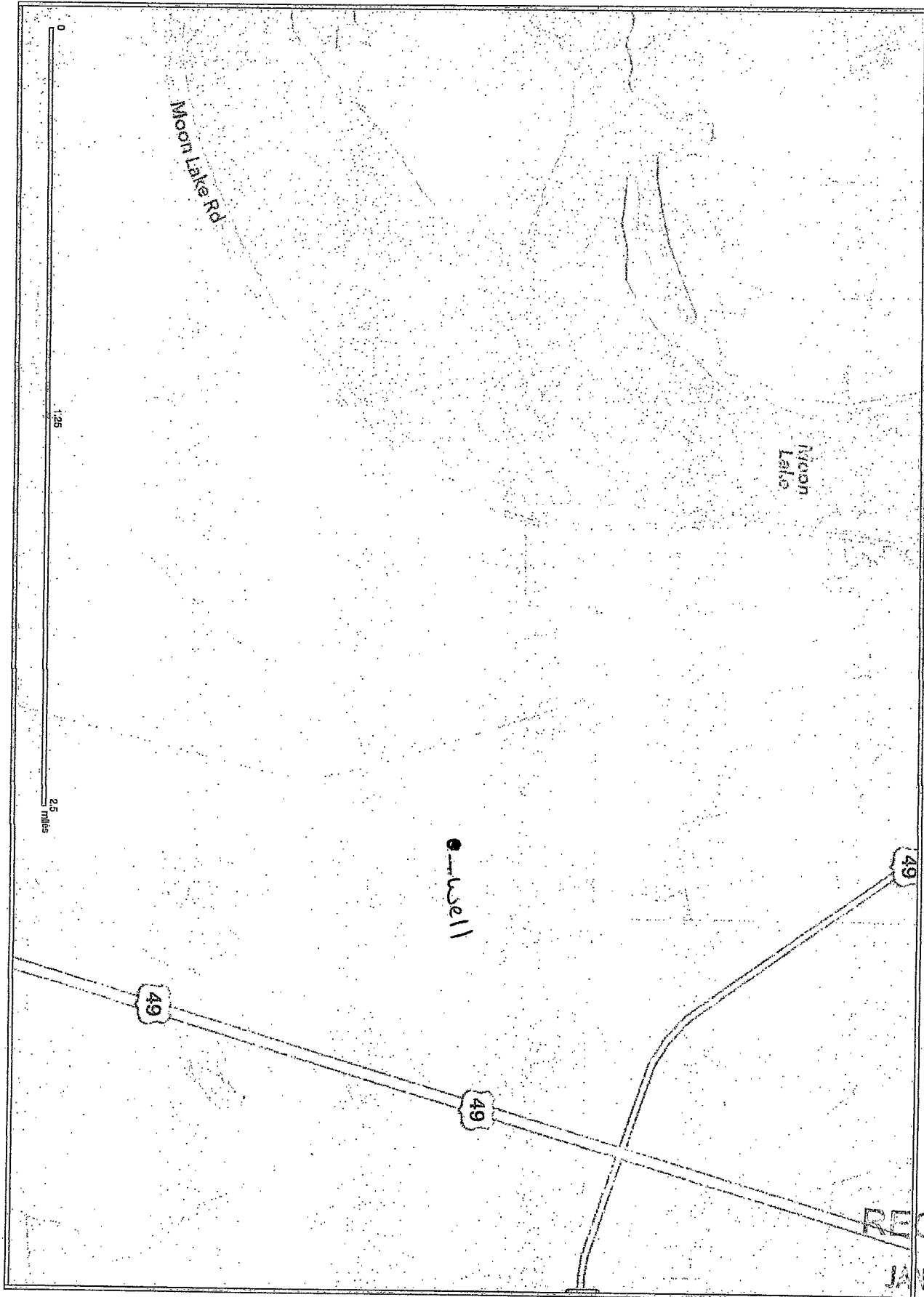
[Signature]  
 Signature of Licensee

RECEIVED  
 JAN 10 2017  
 BY OLWR

2158



Coahoma  
Mississippi



Printed from: ipknet

Page 1 of 1

RECEIVED  
JAN 03 2007

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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Coahoma  
 Permit #: GW-49697  
 Driller: Joel Jumper  
 Date completed: 12-12-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C158  
 Elevation: \_\_\_\_\_

*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>Morris Tim</u>	Latitude: <u>34-25-1</u> Longitude: <u>90-28-54</u>
Mailing Address: <u>1635 Friars Point Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale Ms 38614</u>	USGS quad <del>SE</del> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 03 T 29N R 03W</u>
Telephone No. ( ) _____	SW NW Direction <u>02</u> Nearest Town _____
	<u>1/2</u> Miles <u>E</u> of <u>Moan Lake</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="radio"/> Turbine	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12-12-16</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-16</u>	Air Line                      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2,500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Jumper 5317                      Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

RECEIVED  
 Form: OLWR-SWR-1B (04/08)  
 JAN 10 2017  
 BY CLWR