

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: D64  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Coahoma  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 6-23-13

*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>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dan + Mark Crumpton</u> Mailing Address: <u>Riverbend Farms</u> <u>P.O. Box 897-3229 McWilliams Rd.</u> <u>Clarksdale, MS 38614</u> City State Zip Code Telephone No. <u>(662) 624-6757</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 17' 45.55" N</u> Longitude: <u>90° 40' 32.67" W</u> <span style="margin-left: 100px;">Δ2</span> <span style="margin-left: 100px;">33</span> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NW 1/4 NW 1/4, Sec 24 T 28N R 5W</u> <u>2 1/4</u> Miles <u>SW</u> of <u>Stovall MS</u> (Distance) (Direction) (Nearest Town) <u>3229 McWilliams Rd.</u></p>
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**Well / Borehole Data**

Date drilling started: 6-23-13 Date drilling completed: 6-23-13 Hole depth: 160 Hole diameter: 2"  
Location of the source of any surface water used for drilling: Nearby well  
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets  
Logs run (circle all applicable):  No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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*

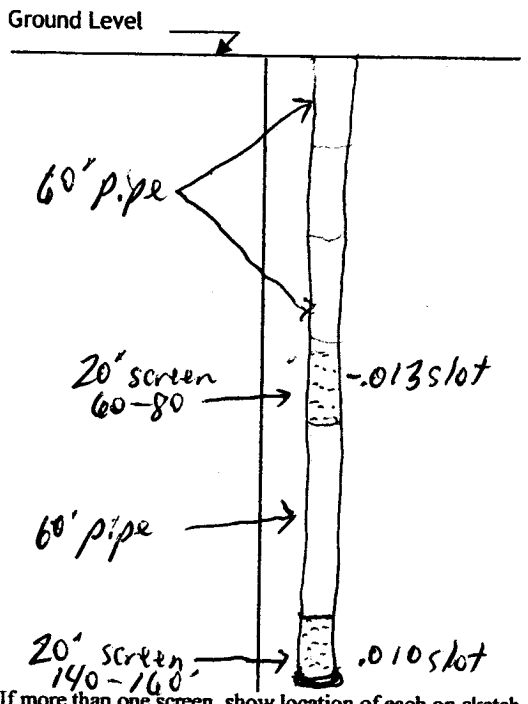
Purpose of Well (circle all applicable):  Home Industrial Public Supply Irrigation Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 35 feet [above or  below] land surface Date measured: 6-23-13  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic water level meter  
Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix  
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 40' feet Screen diameter: 4 inches Type of screen: PVC slotted  
Screen slot size: .013 inches Setting depth: From 140 feet to 80 feet  
160  
Type of completion (circle all applicable):  Gravel packed Underreamed Open hole  Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: 0 feet  
*If telescoped or more than one screen, describe on next page*

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County: Coahoma  
 Permit #: \_\_\_\_\_

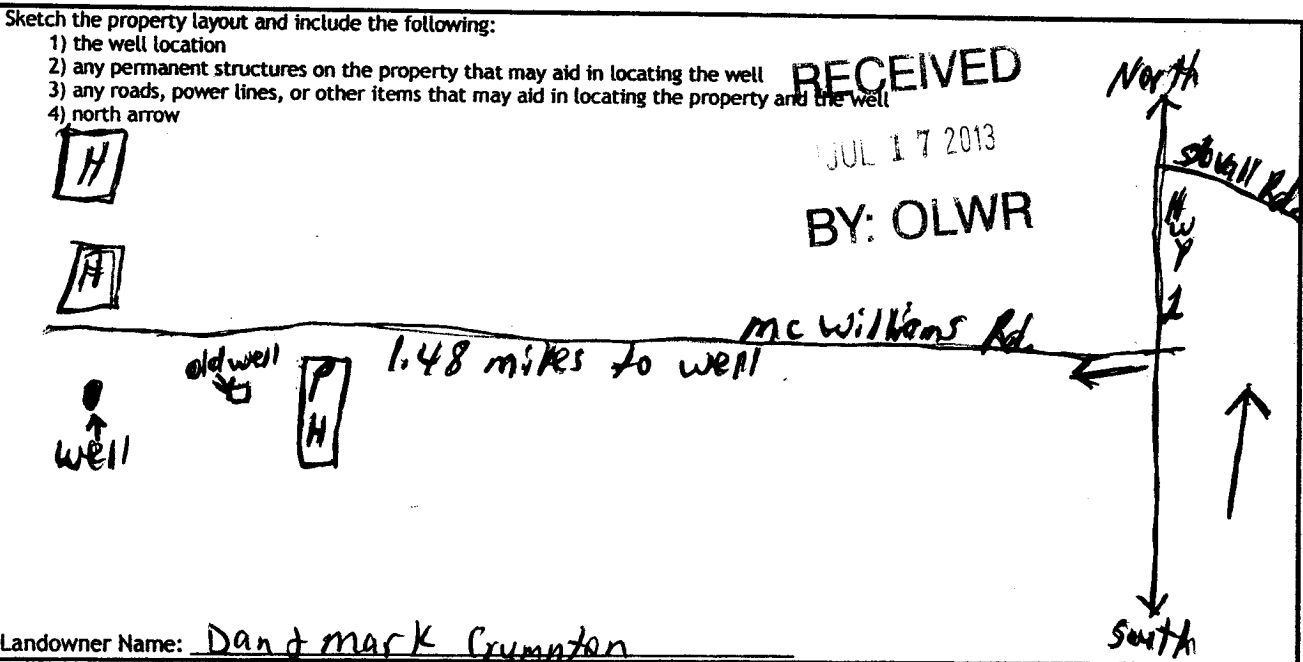
**For Office Use Only:**  
 Well #: D64

*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)
Clay	Ground level	30'
Med. Sand	30	60'
course Sand	60	80'
mostly clay, very little sand	80	100'
shale, clay, fine sand	100	138'
Med. sand	138	160'



Landowner Name: Dan & Mark Crumpton

I HEREBY 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.

Willie L. Bryant 0-639 6-26-13 Willie L. Bryant  
 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 #: D64  
 Aquifer: \_\_\_\_\_

County: Catahoula  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 6/23/13  
*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>DAN + MARK Crumpton</u>	Latitude: <u>34° 17' 41.55" N</u> Longitude: <u>90° 40' 32.67" W</u>
Mailing Address: <u>Riverbend Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 897 (3229 McWhorter Rd.)</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale, MS 38614</u>	<input checked="" type="checkbox"/> 1/4 _____ 1/4 _____ Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	<u>2 1/4</u> Miles <u>SW</u> of <u>Stovall, MS</u>
Telephone No. <u>(662) 624-6757</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 6/25/13 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: 2 Setting Depth: 63 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 35 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.

Steve Luckett, RPD 00000 721 7/11/13 Steve Luckett  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B RECEIVED  
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