

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E-1418
 L. S. Elevation: _____
 E-log #: _____

County: Coahoma
 Permit #: _____
 Driller: Willie L. Bryant
 Date drilling completed: 6-1-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Tim Morris</u>	Latitude: <u>34-18-74^N</u> Longitude: <u>090-35-14^W</u>
Mailing Address: <u>6135 Friars Point Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale MS 38614</u> City State Zip Code	<u>1/4 1/4 Sec 15 Twn 28N Rng 4W</u>
Telephone No. <u>(662) 627-7817</u>	Distance Direction Nearest Town <u>6 Miles North of Clarksdale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Shop

Date well drilling started: 6-1-08 Date well drilling completed: 6-1-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 20 feet above of below (circle one) land surface Date measured: 6-1-08

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 016 inches Setting depth: From 90 feet to 120 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: 0 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Willie L. Bryant 0-639
 Print Name of Water Well Contractor and License No.

Willie L. Bryant
 Signature of Water Well Contractor

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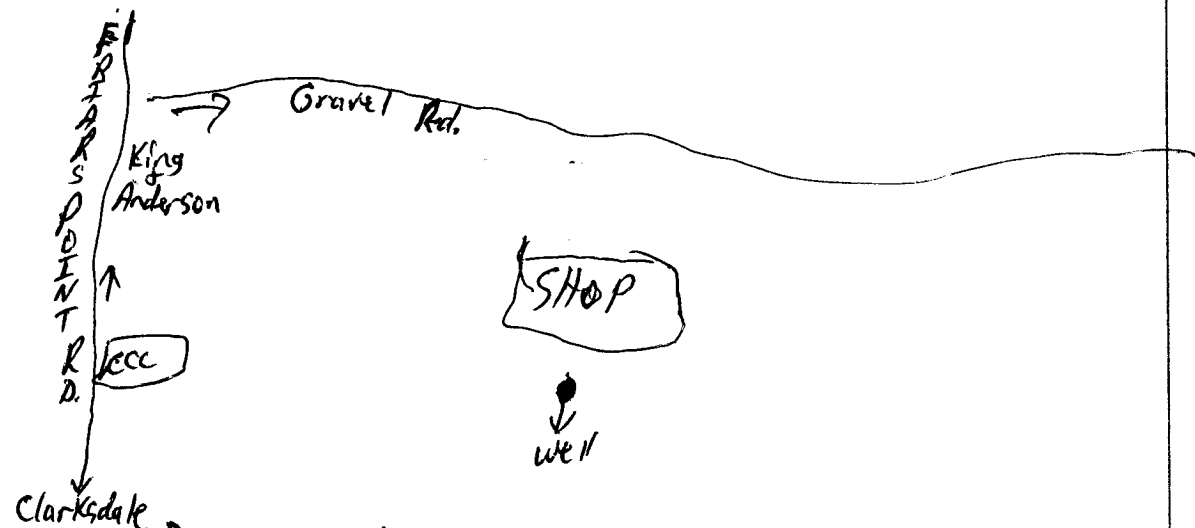
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil & Brown Sand	0	20
Brown Sand	20	40
Brown Sand	40	60
Brown + Medi Sand	60	80
Med. & Coarse Sand	80	100
Coarse Sand & Gravel	100	120

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) indicate direction.



Landowner Name: Duncan Williams

Willie L. Bryant
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-198

Elevation: _____

County: Cochema

Permit #: _____

Driller: Willie L. Bryant

Date completed: 6-4-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Tim Morris's</u>	Latitude: <u>34° 18.74' N</u> Longitude: <u>090° 35.14' W</u>
Mailing Address: <u>6135 Friars Point Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Clarksdale MS 38614</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 15 Twn 28N Rng 4W</u>
Telephone No. <u>(662) 627-7817</u>	Distance Direction Nearest Town
	<u>6 Miles North of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>6-4-08</u>	Setting Depth: <u>64</u> feet
Rated Pump Capacity: <u>UnKnown</u> Gallons Per Minute	Number of Stages: <u>Not Known</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-4-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>Rope & weight</u>
Pumping Water Level (B): <u>22</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>UnKnown</u> GPM with a drawdown of
Test Pumping Rate: <u>UnKnown</u> Gallons Per Minute	<u>2</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Willie L. Bryant 0-639
Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant
Signature of Pump Installer

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BY: OLWR