

# State Well Report

## Part 1 - Driller's Log

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)

County: Cochosma  
Permit #: CW 44703  
Driller: Youngs Custom Service  
Date drilling completed: 5/29/11

For Office Use Only:  
Aquifer: MS River Alluvial  
Well #: E157  
L. S. Elevation: \_\_\_\_\_  
B-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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Kevin Hudson John Rodgers</u> Mailing Address: <u>2938 Station Hill</u> <u>German town TN 38138</u> City State Zip Code Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 19' 18"</u> Longitude: <u>90° 37' 22"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 Sec 8 Twn 28N Rng 4W</u> Distance Direction Nearest Town <u>2 Miles E of FRIBERS POINT</u></p>
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**Well / Borehole Data**

Date drilling started: 5/29/11 Date drilling completed: 5/29/11 Hole depth: 135 Hole diameter: 18"  
Location of the source of any surface water used for drilling: Local Ditch  
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): N/A  
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 N/A Other (describe) \_\_\_\_\_  
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5/29/11  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 135 Well grouted to a depth of 135 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 95 feet Casing diameter: 10 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC  
Screen slot size: .050 inches Setting depth: From 0 feet to 135 feet  
Type of completion (circle all applicable): Gravel pack Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*



# 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)

County: Coahoma  
Permit #: 661 44703  
Driller: Will Young  
Date completed: 5/29/11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: Ms River Alluvial  
Well #: E157  
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>Kevin Hudson (John Rogers)</u>	Latitude: <u>34-19-15</u> Longitude: <u>90-37-92</u>
Mailing Address: <u>2938 Station Hill</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Germantown TN 39138</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (____) _____	<u>NW 1/4 NE 1/4 Sec 8 T. 28 N R. 4 W</u>
	Distance Direction Nearest Town
	<u>2 Miles E of Friars Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>30 hp</u>
Date Pump Installed: <u>5/29/11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/29/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1300</u> Gallons Per Minute	
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.

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