

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

For Office Use Only:

Aquifer: _____
Well #: E 1264
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: GW-47633
Driller: TEDDY COATS
Date drilling completed: _____

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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Williams Mississippi Farms</u>	Latitude: <u>34° 18' 22"</u> Longitude: <u>90° 33' 42"</u>
Mailing Address: <u>6704 Friars Point Rd</u> <u>Clarksdale MS 38619</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS
Telephone No. () _____	NW USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 12 Twn 28N Rng 04W</u>
	Distance <u>5</u> Miles <u>W</u> of Nearest Town <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 106 Hole diameter: 28

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: 20 feet above or below (circle one) land surface Date measured: 4-3-16

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 106 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.55 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-SW-1 (04/08)

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APR 22 2016

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

County: Cora Hume
 Permit #: GW-42633
 Driller: TEDDY COATS
 Date completed: 4-3-16
Copy information from block on Part 1

For Office Use Only:

Well #: File
 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>Williams Mississippi Farms</u>	Latitude: <u>34 18 22</u> Longitude: <u>90 33 42</u>
Mailing Address: <u>6704 Friars Point Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Sec <u>12</u> T <u>28 N</u> R <u>04 W</u>
City State Zip Code	<u>5</u> Miles <u>W</u> of <u>Clarksdale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible **Turbine** Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: _____ Rated Pump Capacity: 2000 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 4-3-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 25 Feet Below Land Surface Test Pumping Rate: 2000 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 2000 GPM with a drawdown of 25 feet after 4 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.

TEDDY COATS #5318 4-3-16 [Signature]

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

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Form: OLWR-SWR-1B (APR) 2 2 2016

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