

10-237

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)

County: Cookholm
 Permit #: GW-44069
 Driller: Pete Sappington
 Date drilling completed: 6-29

For Office Use Only:
 Aquifer: F109
 Well #: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Noe Noe Farms</u>	Latitude: <u>34° 16' 57.1" N</u> Longitude: <u>90° 30' 51.2" W</u>
Mailing Address: <u>245 East Lee Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Clarksdale</u> MS. <u>38614</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 21 Twn 28N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-5863</u>	<u>3</u> Miles <u>N</u> of <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 6-28 Date drilling completed: 6-29 Hole depth: 100' Hole diameter: 18"

Location of the source of any surface water used for drilling: Card west of well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10 ppm

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: 24 feet above or below (circle one) land surface Date measured: 6-30

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC Sch 40

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC Sch 40

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: F109
 Elevation: _____

County: Coahoma
 Permit #: GW-44069
 Driller: Pete's Well Drilling
 Date completed: 6-29-10
 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>Noe Farms - Joe Noe</u>	Latitude: <u>34° 16' 58.9"</u> Longitude: <u>90° 30' 51.2"</u>
Mailing Address: <u>245 East Lsc Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale, MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ ¼ _____ ¼ Sec <u>21</u> T <u>28N</u> R <u>3W</u>
Telephone No. <u>(662) 624-5863</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4.6</u> Miles <u>NNE</u> of <u>Lyon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: 20 <u>25</u>
Date Pump Installed: <u>7-1-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Long Cem

F109

SWAN LAKE

Black Lake

FLETCHER FIELD

Joe Noe 6-29-10

Heavenly Rest Memorial Park
Lake

Clover Hill

ILLINOIS

CENTRAL

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