

10-045

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: Coahoma
 Permit #: GW-43777
 Driller: Pete Sappington
 Date drilling completed: 6-17-10

For Office Use Only:
 Aquifer: H107
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Connell Farms</u> <u>Baugh Plantation</u>	Latitude: <u>34° 09' 51.6"</u> Longitude: <u>90° 44' 06.5"</u>
Mailing Address: <u>P.O. Box 790</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale</u> <u>MS</u> <u>38614</u> City State Zip Code	<u>SW 1/4</u> <u>4</u> <u>1/4</u> Sec <u>32</u> Twn <u>27N</u> Rng <u>5W</u>
Telephone No. <u>(662) 624-6501</u>	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Ross Ford</u>

Well / Borehole Data

Date drilling started: 6-17 Date drilling completed: 6-17 Hole depth: 100' Hole diameter: 28"

Location of the source of any surface water used for drilling: Canal 1/4 mile north

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 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: 22 feet above or below (circle one) land surface Date measured: 6-18

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: 16 inches Type of casing: PVC Sch 40

Screen length: 40 feet Screen diameter: 16 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)

County: Coahoma
 Permit #: GW-43777
 Driller: Pete's Well Drilling
 Date completed: 6-17-2010
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H107
 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>Connell Farms</u>	Latitude: <u>34° 9' 51.8"</u> Longitude: <u>90° 44' 6.1"</u>
Mailing Address: <u>P.O. Box 790</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Clarksdale, MS 38614</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>1/4 1/4 Sec 32 T 27N R 5W</u>
Telephone No. <u>(662) 624-6501</u>	Distance Direction Nearest Town
	<u>2.8 Miles NE of RENA LARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6-22-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>22</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

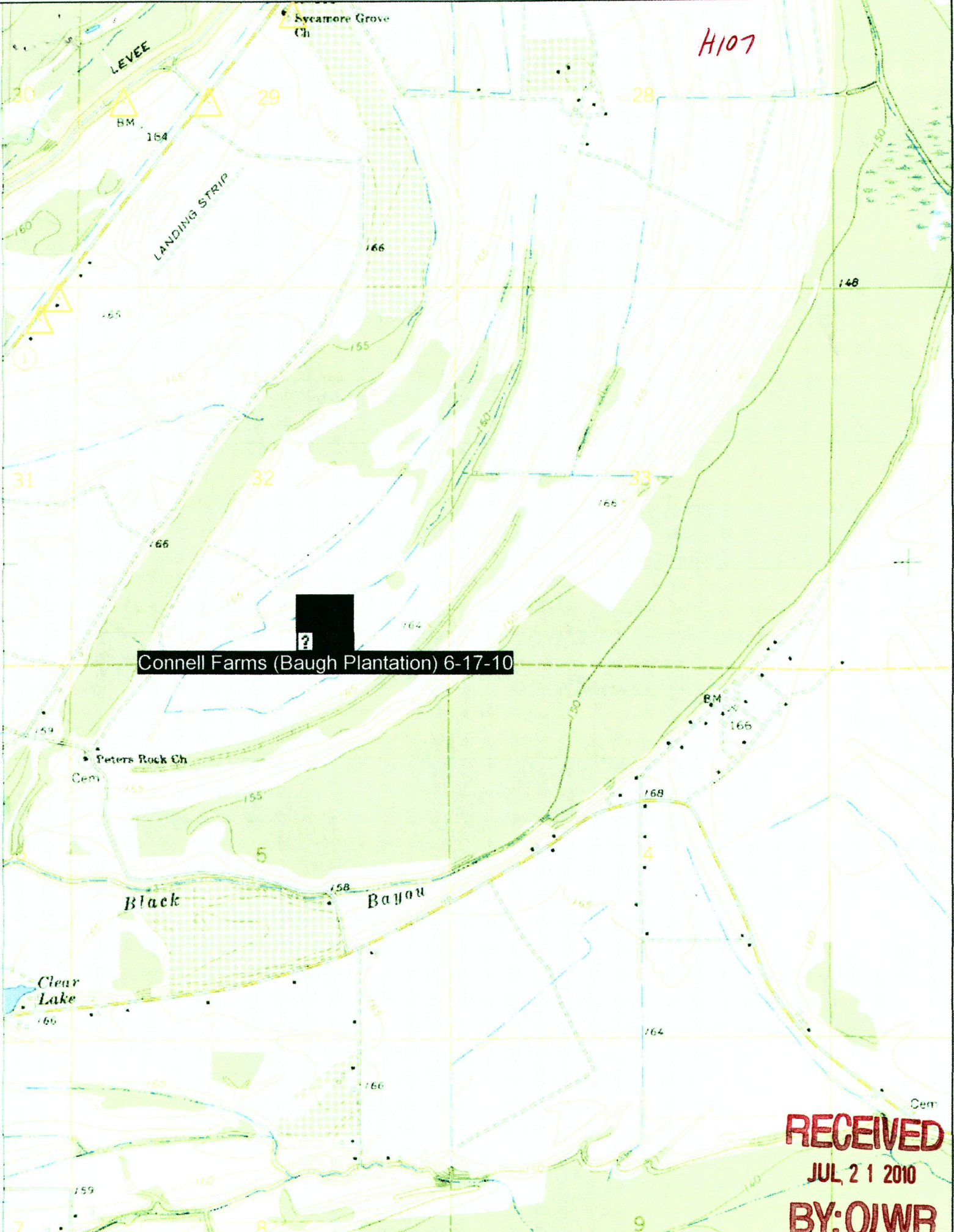
Form: OLWR-SWR-1B (04/08)

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Connell Farms (Baugh Plantation) 6-17-10

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