County:	Coahoma	
Permit #	GW-47497	1
Driller: Irrigation Equipment		
	ing completed:	06/11/2013

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 39225-2309

(601) 961-5210

(601) 360-0535 (fax)

For Office Use Only:	
Well#:	H 118
Aquifer:	
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.			
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location		
Owner Name: K & T Planting	Latitude: 34 08' 13.1 N Longitude: 90 40' 58.1 W		
Mailing Address: P.O. Box 56	Method of Lat/Long (check one):		
Walling Address. 11.0. Dox 40			
	USGS quad, ⊠ Hand-held GPS, ☐ Survey-grade GPS SW 1/2 SE 1/2, Sec 11 T 26 N R 5 W		
DublinMs38739CityStateZip code	<u>5W</u> ½ <u>5E</u> ¾, Sec <u>11</u> <u>Zb N</u> R <u>5 W</u>		
Telephone No. (662) 902-8285	.5 Miles Northwest of Bobo (Direction) (Nearest Town)		
Wall / Po	rehole Data		
	06/11/2013 Hole depth: 115 Hole diameter: 24"		
Location of the source of any surface water used for drilling:	Surface Water		
Method of dosing and volume of Chlorine used in drilling and dev	elopment: 50 PPM		
Logs run (check all applicable): $igtimes$ No log run $igcap$ Electric $igcap$ Gam	ıma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗍 Other:		
Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geoteci	nnical/Geological Investigation		
☐ Seismic Survey	Other (describe)		
If drilling is not related to water well con	nstruction, skip the remainder of this block		
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Public Supply ☒ Irrigation ☐ Fish Culture			
☑ Other (describe):			
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: feet [above or below] land surface Date measured: (check one)			
Method of Measurement (check one) ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe)			
Well depth: Well grouted to a depth of: feet Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix			
Casing length: 75 feet Casing diameter: 16	inches Type of casing: PVC		
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC		
Screen slot size:050 inches Setting depth	From <u>76</u> feet to <u>115</u> feet		
Type of completion (check all applicable): ☑ Gravel packed ☐ Underreamed ☐ 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			

DEFORM: OLYKBONANTA (ACTAILTY

		For Office Use	=
County: Coahoma	We	11#: <u>- 1</u>	E
Permit #: GW-47497			
The sketch below only required for water wells	Description of formations encounter and boreholes, unless specifically ex		all wells
f well telescopes, show depths on sketch.			
Ground level	Description of Formations Encour	tered From (depth Ground leve	
	Clay	26	25 35
	Fine Sand Medium Sand	36	45
	Course Sand	46	55
	Fine Sand	56	65
	Medium Sand	66	115
	Medium Sand	- 60	113
	,		-
f more than one screen, show location of each on sketch			
Sketch the property layout and include the following:			
the well location any permanent structures on the property that ma any roads, power lines, or other items that may a	ry aid in locating the well d in locating the property and the well		
4) a north arrow	a missamig me property and me		
K 9 T Dlantina			
andowner Name: K & T Planting			

08/15/2013

Date

if applicable, and state laws. Patrick Chism

Print Name of Responsible Licensee and License No.

0695

Form: OLWR-SWR-1A (4/13)

Signature of Licensee

STATE WELL REPORT

COAHOMA County: Date completed: Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

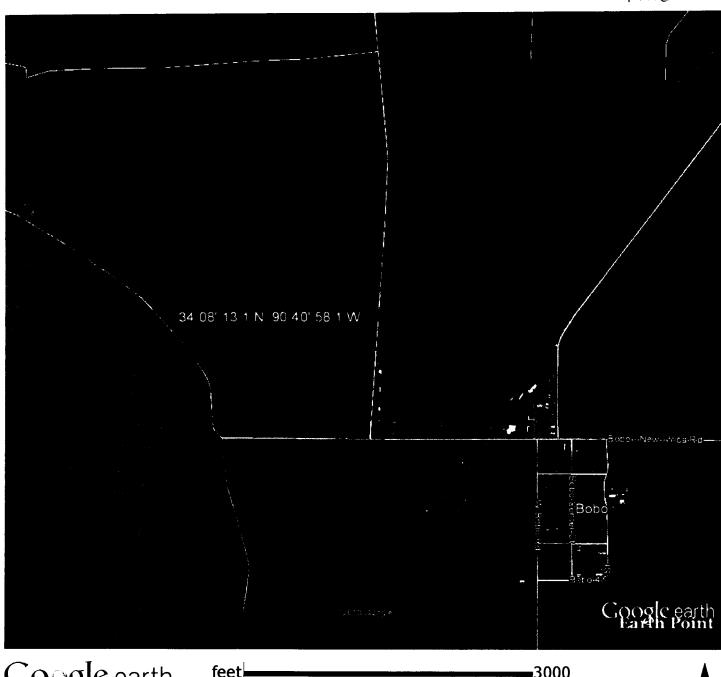
Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:		
/ell #:	14118	
quifer:		

(601)	360-0535 (fax)	
This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part 1	
	epartment at the above address within 30 days of well completion	
Well Owner Information	· Well Location	
Owner Name: KANOT PLANTING	Latitude: 34.08.13" Longitude: 90.40.57"	
Mailing Address: P.O. 80x 516	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Dubletu ms 38739 City State Zip Code	5W ¼ 5€ ¼, Sec // T 26W R D5	
City State Zip Code		
Telephone No. (daZ) 902-8258	1/2 Miles NW of BOBO (Distance) (Direction) (Nearest Town)	
	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):	
	ated Pump Capacity: 2200 Gallons Per Minute	
is This Pump (circle one): New Repaired Replacemen	t Existing Pump	
	pe (circle one)	
	fmill Other (describe):	
Horse Power Rating of Motor: 60 Setting Dept	h: <u>20</u> feet Number of Stages; <u>Z</u>	
Pump Test Data	for Non Floudes Wall	
Date Well Tested:		
· · · · · · · · · · · · · · · · · · ·	Duration of Pump Test (minimum 4 hours): hours	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
	ace Test Pumping Rate: Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
Pump Test Dat	a for Flowing Well	
Measured shut in head:feet,		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
, Meter I	nstallation	
Meter Manufacturer: W/A	Meter Serial Number:	
Meter Model Number/Name: Type of Meter:		
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.		
For agricultural wells, a list of app	regying that this meter was installed to manufacturer standards.	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
IMITO P. HOLT 0-757 9 7-23-13 1-11		
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer	

Form: OLWR-SWR-1B (4/13)





Google earth

feet km -3000 1