

County: Coahoma  
 Permit #: GW48114  
 Driller: TEDDY COATS  
 Date drilling completed: 5-4-14

**State Well Report**  
**Part I - 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 #: H120  
 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>River Bend Farms</u>	Latitude: <u>34° 13' 41"</u> Longitude: <u>90° 41' 13"</u>
Mailing Address: <u>River Bend Farms</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>P.O. Box 897</u>	USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Clarksdale MS 38614</u>	<u>NE 1/4 SW 1/4 Sec 11</u> Twn <u>27N</u> Rng <u>05W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>S</u> of <u>Shepard</u>

**Well / Borehole Data**

Date drilling started: 5/4/14 Date drilling completed: 5-4-14 Hole depth: 120 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: 25 feet above or below (circle one) land surface Date measured: 5-4-14

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 120 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 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*

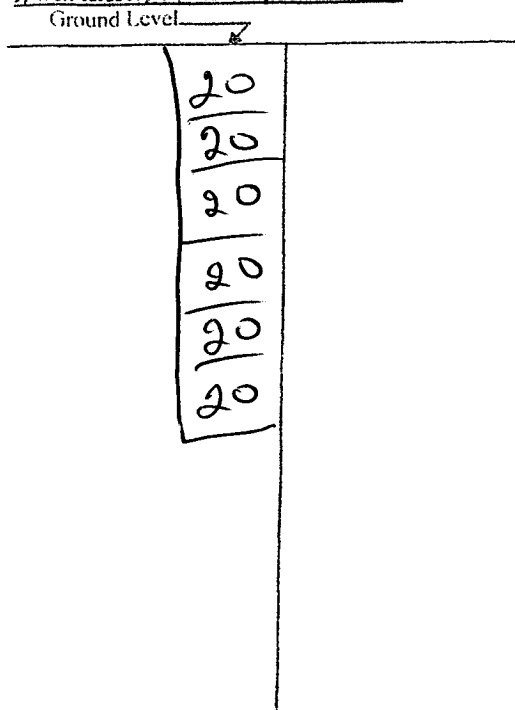
Form: OLWR-SWR-1A (04/08)

RECEIVED  
 APR 22 2014  
 LWR

The sketch below only required for water wells

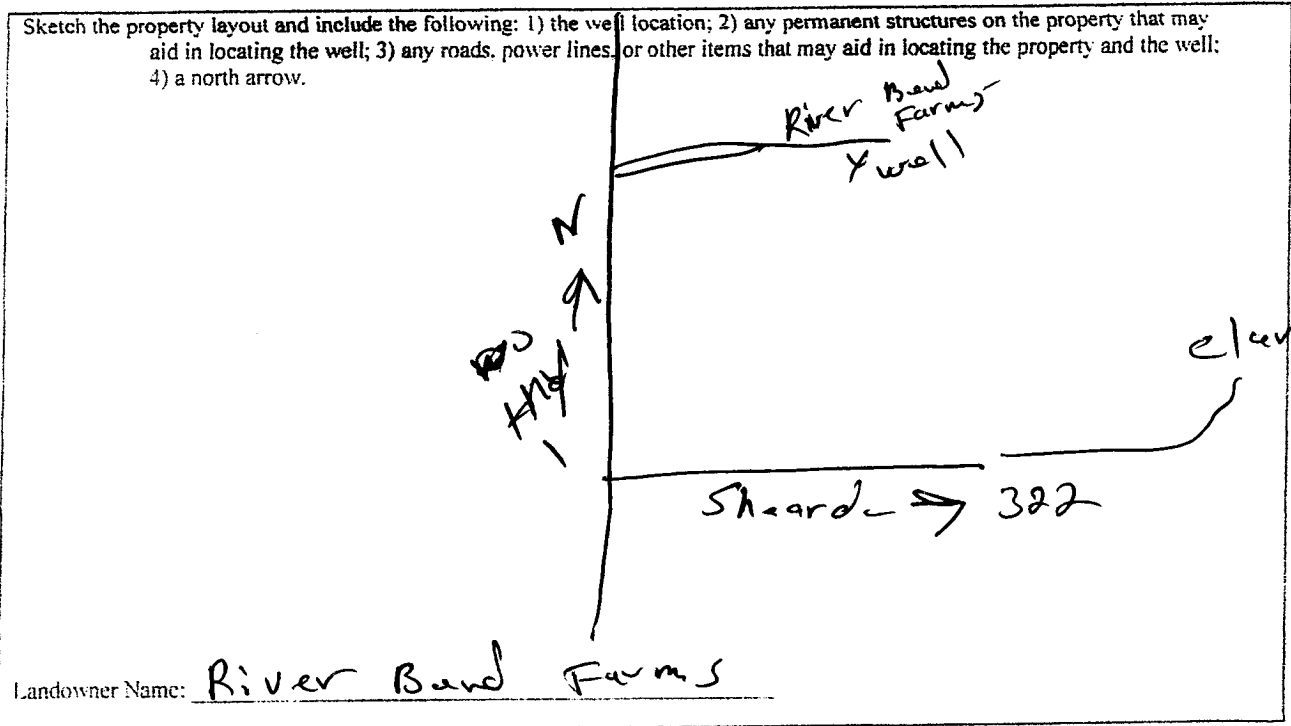
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
Sand	20	40
Sand	40	60
Sand	60	80
Sand	80	100
Sand	100	120

If more than one screen, show location of each on sketch



Form: OI.WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

5318  
 Ted P. [unclear] 5/4-14  
 Print Name of Responsible Licensee and License No. Date

Judy [unclear]  
 Signature of Licensee

RECEIVED  
 MAY 21 2014  
 DLWR

# 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)

#### For Office Use Only:

Well #: \_\_\_\_\_

Aquifer: \_\_\_\_\_

County: COAHOMA  
 Permit #: BW-48114  
 Driller: JOLTED WELL SERVICE  
 Date completed: 5-4-14  
*(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>RIUERBEND FARMS</u>	Latitude: <u>34° 13.41"</u> Longitude: <u>90° 41.13"</u>
Mailing Address: <u>P.O. BOX 897</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE</u> <u>MS</u> <u>38614</u> City State Zip Code	<u>NE 1/4 SW 1/4, Sec 11 T 27N R 05W</u>
Telephone No. <u>(662) 621-2040</u>	<u>1 1/2</u> Miles <u>N</u> of <u>SHERARD</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 5-6-14 Rated Pump Capacity: 3000 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: 30 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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 \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: McCrometer Meter Serial Number: 13-05296

Meter Model Number/Name: M0310 Type of Meter: GROUNDWATER

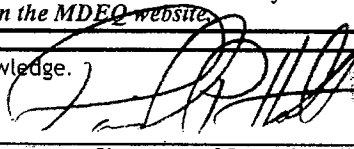
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: 5-12-14 Meter installed by: CIRCLE S IRRIGATION

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.

DANIEL P. HOLT 0-752P 6-3-14   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0158