

# 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 #: H 121  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: GW-48575  
Driller: Joel Jumper  
Date drilling completed: 12-3-14

**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>Fullen Ag</u>	Latitude: <u>34° 14' 7"</u> Longitude: <u>90° 42' 54"</u>
Mailing Address: <u>Po Box 1053</u>	Method of Lat/Long (circle 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 NE 1/4</u> Sec <u>09</u> Twn <u>21N</u> Rng <u>05W</u>
Telephone No. ( ) _____	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Shevard</u>

**Well / Borehole Data**

Date drilling started: 12-3-14 Date drilling completed: 12-3-14 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: 110 feet above or below (circle one) land surface Date measured: 12-3-14

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: 80 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: 0.50 inches Setting depth: From 80 feet to 70 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

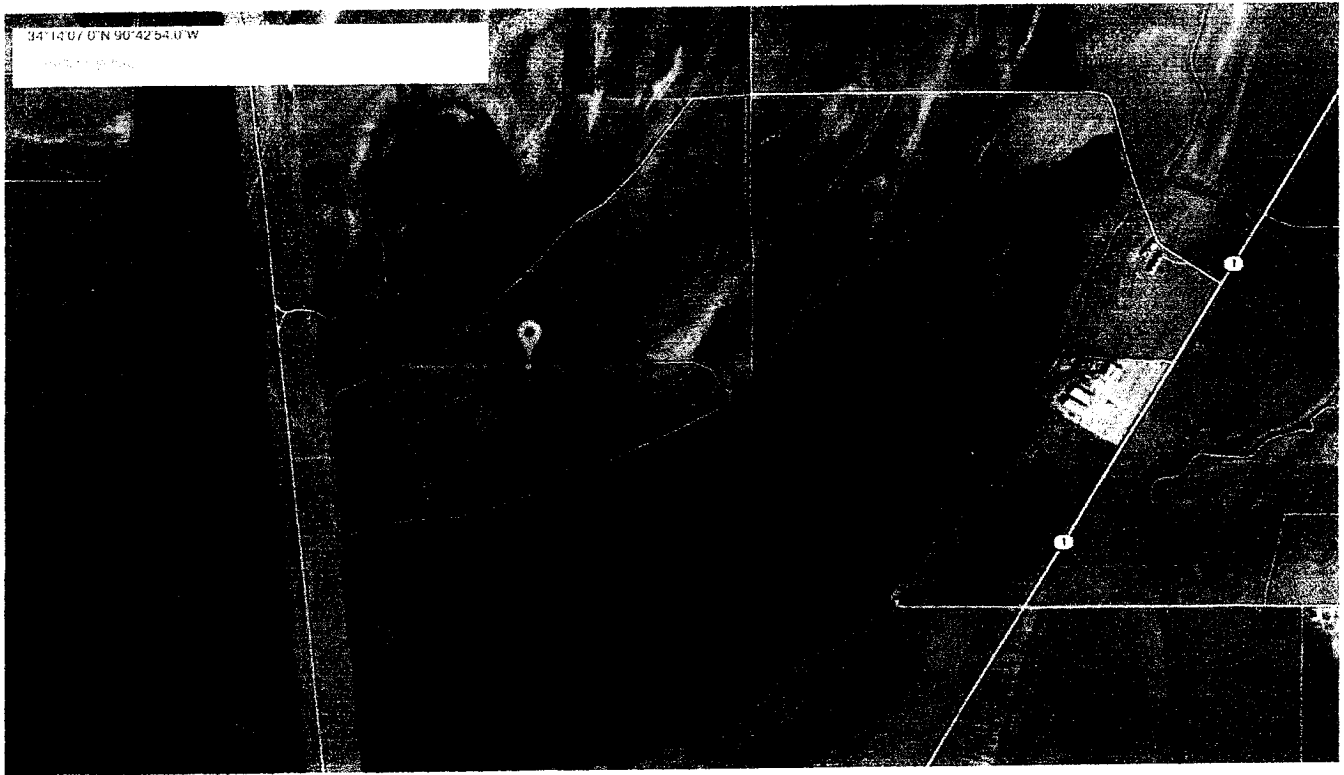
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-916 (12/10) **RECEIVED**

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

For Office Use Only:

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

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

County: COAHOMA
Permit #: GW-49575
Name: JOEL JUMAR
Completed: 12-3-14
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: Owner Name: FULLEN AG, Mailing Address: P.O. BOX 1053, City: CLARKSDALE, MS, Zip Code: 38614, Telephone No. (662) 902-8923. Well Location: Latitude: 34° 14' 7", Longitude: 90° 42' 55", Method of Lat/Long: Conventional Survey, USGS quad: NE 1/4 NE 1/4, Sec 09, T 27N R 05W, 1 3/4 Miles N of SHERARD.

Pump Type (circle one): Submersible Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):. Date Pump Installed: 12-4-14, Rated Pump Capacity: 1000 Gallons Per Minute. Is This Pump (circle one): New, Repaired, Replacement, USED.

Power Type (circle one): Electric Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other (describe):. Horse Power Rating of Motor: 40, Setting Depth: 60 feet, Number of Stages: 2.

Pump Test Data for Non Flowing Well: Date Well Tested: \_\_\_\_\_, Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours, Static Water Level (A): 110 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: N/A, 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. DANIEL P. HOLT 0-752P 12-17-14 Signature of Pump Installer

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