

County: COAHOMA  
 Permit #: 6W-49974  
 Driller: TEDDY COATS  
 Date drilling completed: 7/9/17

**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 #: H129  
 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>Allen Brown</u>	Latitude: <u>34° 08' 58" N</u> Longitude: <u>90° 44' 58" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, _____
<u>P.O. Box 115</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rena Lara MS 38767</u>	<u>SE 1/4 SE 1/4</u> Sec <u>06</u> Twn <u>26N</u> Rng <u>05W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>E</u> of <u>Rena Lara</u>

**Well / Borehole Data**

Date drilling started: 7/9/17 Date drilling completed: 7/9/17 Hole depth: 116 Hole diameter: 28 24

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: 20 feet above or below (circle one) land surface Date measured: 7/9/17

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

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 10 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C

Screen slot size: 035 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*

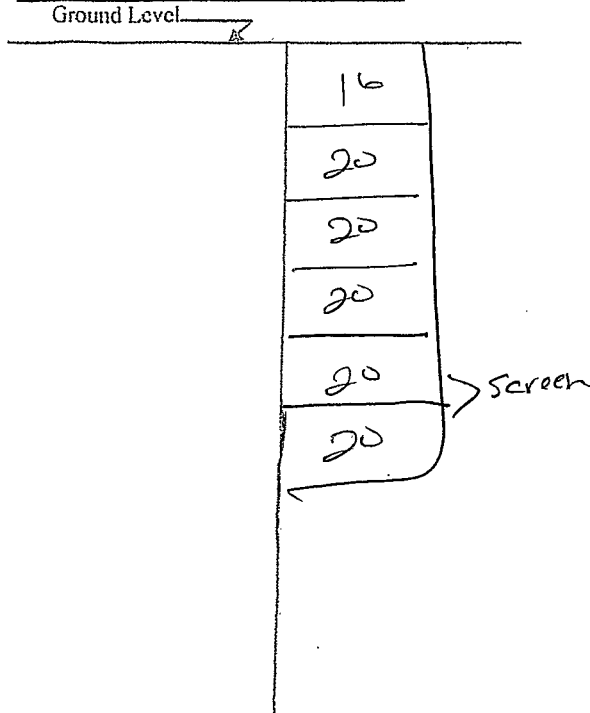
Form: OLWR-SWR-1A (04/08)

RECEIVED  
 AUG 17 2017  
 BY OLWR

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)
	Ground Level	10
Dirt		
Dirt	10	20
Dirt	20	30
Dirty Coars Sand	30	40
Fine Sand	40	50
Coars Sand	50	60
Gravel	60	70
"	70	80
Gravel	80	90
"	90	100
Gravel	100	116

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Allen Brown

RECEIVED  
AUG 17 2017  
BY OLWR

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.

THEODOY COOBS     H 5318     7/9/17  
 Print Name of Responsible Licensee and License No.     Date

TR JUDY COOBS  
 Signature of Licensee

# 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 #: 49974  
 Driller: TEDDY Coats  
 Date completed: 7/9/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H129  
 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>Allen Brown</u>	Latitude: <u>34° 52' N</u> Longitude: <u>90° 44' 49" W</u>
Mailing Address: _____ <u>P.O. Box 115</u> <u>Rena Lara MS 38767</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 SE 1/4 Sec 06 T.26N R.05W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>3 Miles E of Rena Lara</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20 HP</u>
Date Pump Installed: <u>7/9/17</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/9/17</u>	Air Line <input type="radio"/> <b>Electric Measuring Line</b> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>30</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY Coats #5318 Print Name of Pump Installer and License No. (if applicable)      Ted Coats Signature of Pump Installer

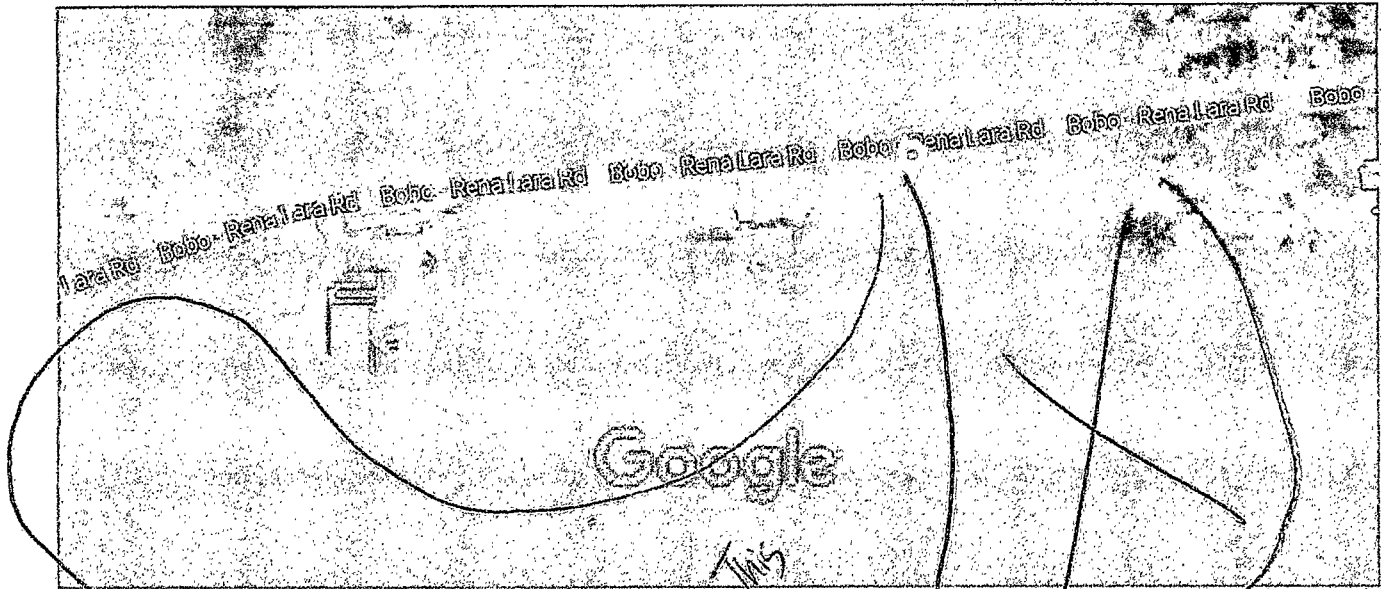
Form: OLWR-SWR-1B (04/08)

RECEIVED  
 AUG 17 2017  
 BY OLWR

H129

Google Maps

34°08'58.3"N 90°  
44'49.6"W



Imagery ©2017 DigitalGlobe, State of Arkansas, 100 ft  
 USDA Farm Service Agency, Map data ©2017  
 Google

Coahoma

RECEIVED  
 AUG 17 2017  
 BY OLWR