

County: Cochos
 Permit #: 42910
 Irrigation Equipment
 Driller:
 Date drilling completed: 10-27-08

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: MRUA
 Well #: 1-171
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Clarksdale Country Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>909 Friars Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 11 Twn 27N Rng 4W</u>
Telephone No. <u>(662) 624-8962</u>	Distance _____ Direction _____ Nearest Town _____ Miles <u>N</u> of <u>Clarksdale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement

Date well drilling started: 10-27-08 Date well drilling completed: 10-27-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 35 feet above (or below) (circle one) land surface Date measured: 11-1-08

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 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 77 feet to 116 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

old well
15' north
6W
10872

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

Irrigation Equipment Inc.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor John P. Chism

42910

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 YMD JOINT WATER
 MANAGEMENT DISTRICT

If well telescopes please sketch below and show depths.

Ground Level

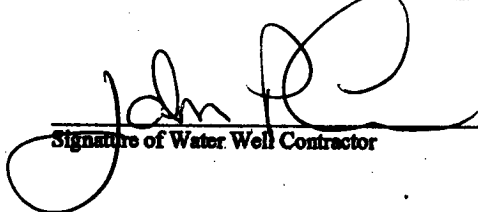
Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	30	37
Fine Sand + Gravel	28	55
Medium Sand + Gravel	56	116
Fine Sand + Gravel	117	121

- Blanka
5'

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) indicate direction.

Landowner Name: Clarksdale Country Club


Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

County: Cochran
 Permit #: 0042910
 Irrigation Equipment
 Driller: _____
 Date completed: 10-27-08

For Office Use Only:

Aquifer: _____
 Well #: J121
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Clarksdale Country Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>909 Friars Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale Ms. 38614</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 11 Twn 27N Rng 4W</u>
Telephone No. <u>662 624-8962</u>	Distance Direction Nearest Town <u>1 Miles N of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>11-1-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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MARIS
Online Maps

Clarksdale Country Club



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Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US 7 State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inundated areas
- Marsh or swamp
- Water
- Wider
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)

Scale: 1:17,836



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State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Coahoma
Permit #: 00042910
Irrigation Equipment
Driller:
Date drilling completed: 10-27-08

For Office Use Only:
Aquifer:
Well #: J-121
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Clarksdale Country Club</u>	Latitude: <u>34° 13' 44"</u> Longitude: <u>90° 34' 38"</u>
Mailing Address: <u>909 Friars Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 11 Twn 27N Rng 4W</u>
Telephone No. <u>662 624-8962</u>	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Clarksdale</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>Replacement</u>	<i>old well 15' north</i>
Date well drilling started: <u>10-27-08</u>	Date well drilling completed: <u>10-27-08</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>35</u> feet above <u>or below</u> (circle one) land surface	Date measured: <u>11-1-08</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>121</u> Well depth: <u>121</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>81</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>116</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.
Irrigation Equipment Inc.
John P. Chism 0439
Print Name of Water Well Contractor and License No. _____
Signature of Water Well Contractor John P. Chism

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61042910

J-171

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	27
Fine Sand + Gravel	28	55
Medium Sand + Gravel	56	116
Fine Sand + Gravel	117	121

- Blanked 5'

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

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Landowner Name: Clarksdale Country Club

John R.

Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Coahoma
 Permit #: 42910
 Irrigation Equipment
 Driller: _____
 Date completed: 10-27-08

For Office Use Only:

Aquifer: _____
 Well #: J-171
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Clarksdale Country Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>909 Friars Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 11 Twn 27N Rng 4W</u>
Telephone No. <u>662 624-8962</u>	Distance Direction Nearest Town <u>1 Miles N of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>11-1-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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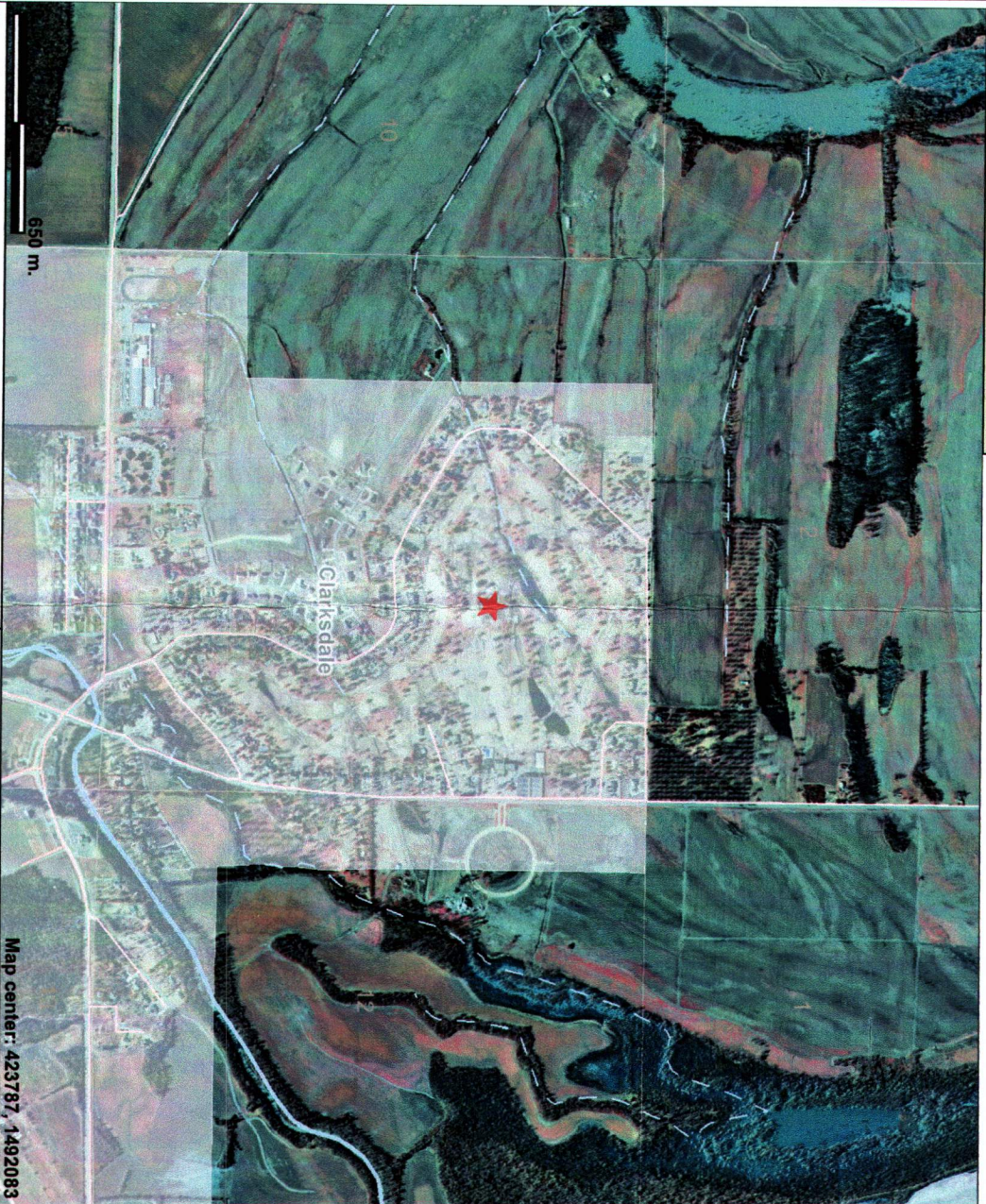
6W42910

J-171



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Online Maps

Clarksdale Country Club



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- Inundated areas
- Marsh or swamp
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)

Scale: 1:17,836



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