

County: Cochran County  
 Permit #: 44763  
 Driller: Joel Jumper  
 Date drilling completed: 3-11-10

**State Well Report**  
 Part I - Driller's Log  
 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: \_\_\_\_\_  
 Well #: J186  
 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)

Owner Name: Henry Shetler  
 Mailing Address: 520 Grelston Rd  
Clarksdale Ms 38614  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**

Latitude: 34° 12' 08" Longitude: 90° 36' 55"  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, hand-held GPS Survey-grade GPS  
NW 1/4 NE 1/4 Sec 21 Twn 27N Rng 04W  
 Distance Direction Nearest Town  
1 Miles West of Clarksdale

**Well / Borehole Data**

Date drilling started: 3-10-11 Date drilling completed: 3-10-11 Hole depth: 125 Hole diameter: 24"  
 Location of the source of any surface water used for drilling: Ditch Nearby  
 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: 23 feet above or below (circle one) land surface Date measured: 3-15-10  
 Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_  
 Well depth: 125 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 85 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 85 feet to 125 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*



# 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 #: \_\_\_\_\_  
 Driller: Joel Jumper  
 Date completed: 3/15  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J186  
 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>Henry Shetler</u>	Latitude: <u>34 12 132</u> Longitude: <u>90 34 926</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> <u>08</u> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 21 T 27N R 4W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____ <u>3/15</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ <u>3/15</u>	Air Line      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of
Test Pumping Rate: <u>2500</u> Gallons Per Minute	<u>22</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.

Joel Jumper      Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1B  
 JUL 25 2011  
 BY: OLWR