

# STATE WELL REPORT

## Part 1

### Driller's Log

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 #: 5196  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Cochema  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 9-30-14

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Joseph Furdge</u> Mailing Address: <u>250 Monty-Martin Rd</u> <u>Clarksdale</u> <u>MS</u> <u>38614</u> City State Zip Code Telephone No. (<u>662</u>) <u>902-8573</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 9' 43" N</u> Longitude: <u>90° 35' 53" W</u> Method of Lat/Long (check one): Conventional Survey _____, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS USGS quad <u>SW 1/4 SE 1/4, Sec 34 T 27N R 4W</u> <u>2</u> Miles <u>SW</u> of <u>Clarksdale</u> (Distance) (Direction) (Nearest Town)</p>
--	--

**Well / Borehole Data**

Date drilling started: 9-30-14 Date drilling completed: 9-30-14 Hole depth: 125' Hole diameter: 7"  
Location of the source of any surface water used for drilling: Near by ditch  
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets  
Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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 (circle all applicable): Home  Industrial  Public Supply   Irrigation  Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 35 feet [above or  below] land surface Date measured: 10-1-14  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): Sonic water level meter  
Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite Mix  
Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC SCH-40  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted  
Screen slot size: .013 inches Setting depth: From 105 feet to 125 feet  
Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: 0 feet  
*If telescoped or more than one screen, describe on next page*

RECEIVED

DEC 08 2014

BY: OLWR



# 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)

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 10-2-14  
Copy information from block on Part 1

**For Office Use Only:**

Well #: 7194  
 Aquifer: \_\_\_\_\_

*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>Joseph Furdge</u>	Latitude: <u>34° 09.72' N</u> Longitude: <u>090° 35.89' W</u>
Mailing Address: <u>250 Monty-Martin Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>MS</u> <u>38614</u>	_____/4 _____/4, Sec <u>34</u> T <u>27N</u> R <u>4W</u>
City State Zip Code	<u>2</u> Miles <u>SW</u> of <u>Clarksdale</u>
Telephone No. ( <u>662</u> ) <u>902-8573</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 10-2-14 Rated Pump Capacity: 30 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: 1.5 Setting Depth: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-18-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 45 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 37 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): Single water level meter

**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: 14-18040

Meter Model Number/Name: MT 100 Type of Meter: MC Propeller

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

Installation Date: 10-18-14 Meter installed by: Bryant Well & Pump Sec.

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.

Willie L. Bryant 0-639 10-27-14 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 DEC 08 2014  
 BY: OLWR

Flowmeter Installation Certification:

Cooperator Name: Joseph Furdge

Supplier/Installer: Bryant Wells Pump Ser.

Date: 10-18-14

Pump Discharge dia: 2 inches

Flowmeter installation:

Copy of "Certification Test" form from manufacturer must be attached to this Installation Certification form.

Water Source: SW / GW

Position: Horizontal // Vertical

a) Flow Tube dia.: 3 in. S/N of meter: 14-18040

Manufacturer: McCrometer Type: SW / GW

b) Pipe I.D.: \_\_\_\_\_ inches Material: Metal

Flowmeter: 3 inches S/N of meter: 14-18040

Manufacturer: McCrometer Type: SW / GW

\_\_\_\_\_ Straightening Vanes: type/layout

\_\_\_\_\_ Flow Straightener: type/layout

c) Meter pit used: Y /  N

Meter box installed: Y /  N

Extension used: Y /  N

Flowmeter Check:

The flowmeter was checked under flow conditions and is performing appropriately.

Person performing Check: Willie L. Bryant Date: 10-18-14

NRCS use: Checked by: \_\_\_\_\_ (Name, date)

Contract: \_\_\_\_\_ Item #: \_\_\_\_\_

Meets all specs: Y / N

Meter Certification Test attached/correct: Y / N

RECEIVED  
DEC 08 2014  
BY: OLWR