

County: Coahoma
 Permit #: W4877L
 Driller: TEDDY COATS
 Date drilling completed: 10/5/16

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 #: 5197
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Nolan Ruzluff</u></p> <p>Mailing Address: _____ <u>4880 Johnston Clermont</u> <u>Clarksdale MS 38614</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 11' 20"</u> Longitude: <u>90° 38' 08"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NE NW</u> SW 1/4 <u>NE</u> 1/4 Sec <u>29</u> Twn <u>21N</u> Rng <u>04W</u></p> <p>Distance _____ Miles Direction _____ of Nearest Town <u>Davenport</u></p>
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Well / Borehole Data

Date drilling started: 10/5/16 Date drilling completed: 10/5/16 Hole depth: 121 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: 80 feet above or ~~below~~ (circle one) land surface Date measured: 10/5/16

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

Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 81 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 0.50 inches Setting depth: From 0⁸¹ feet to 70¹²¹ 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*

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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 #: 6W-48776
 Driller: TEPPY COYS
 Date completed: 10/5/16
Copy information from block on Part 1

For Office Use Only:

Well #: 5197
 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>Nolan Ratzlaff</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>4880 Johnston Clemond Rd</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City: <u>Clarksdale</u> State: <u>MS</u> Zip Code: <u>38644</u>	<u>SW 1/4 NE 1/4</u> , Sec <u>29</u> T <u>27N</u> R <u>04W</u>
Telephone No. (____) _____	<u>1</u> Miles of _____ of <u>Davenport</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10/5/16 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2 Stage

Pump Test Data for Non Flowing Well

Date Well Tested: 10/5/16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 35 Feet Below Land Surface

Drawdown [(B) - (A)]: 35 Feet Below Land Surface Test Pumping Rate: 2200 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 2200 GPM with a drawdown of 35 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: RECEIVED

Meter Model Number/Name: _____ Type of Meter: NOV 0 8 2015

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

Installation Date: _____ Meter installed by: BY: OLWR

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.

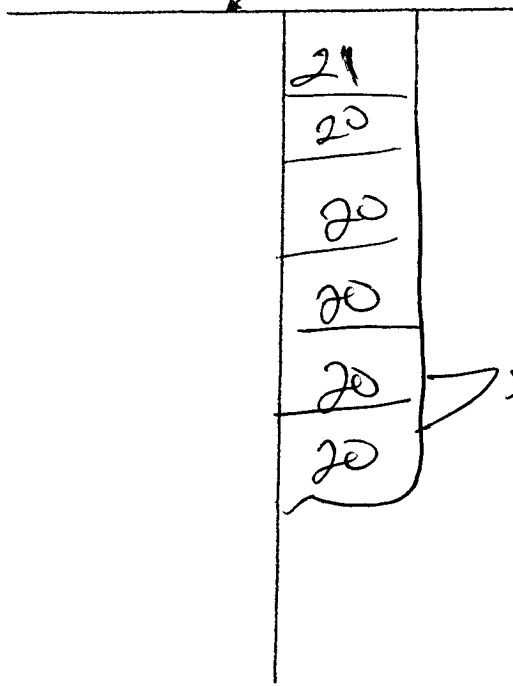
TEPPY COYS Coys #5318 10/5/16 Teppy Coys
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (7/13)

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.

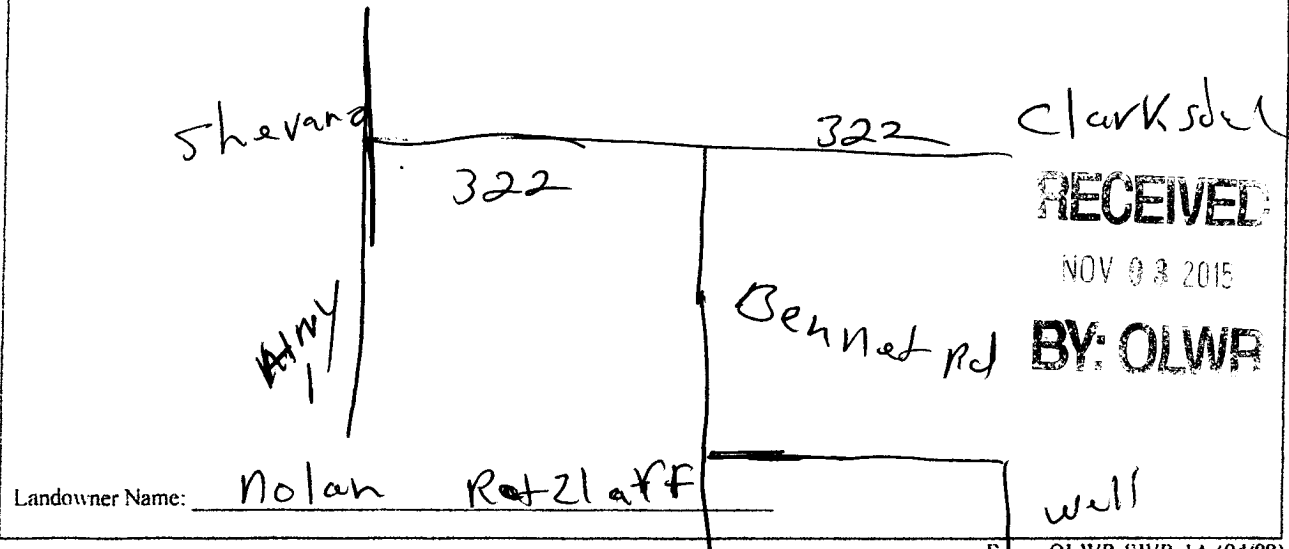
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	20
Dirt	20	40
S&S	40	60
Couvs S&S	60	80
Couvs S&S Gr&L	80	90
Covent	100	110
Gravel	110	121

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.



Form: OI.WR-SWR-1A (04/08)

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.

Print Name of Responsible Licensee and License No. TEDDY COATS #5318 Date 10/5/16 Signature of Licensee Teddy Coats