

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: 5200
 Aquifer: _____
 E-Log #: _____

County: Coahoma
 Permit #: GW 17382
 Driller: AL Jones
 Date drilling completed: 11-24-20

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>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Coahoma County Utility District</u></p> <p>Mailing Address: <u>P.O. Box 1488</u> <u>Clarksdale MS 38614</u> City State Zip Code</p> <p>Telephone No. <u>(662) 458-8468</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34°12'16.8"</u> Longitude: <u>90°32'16.7"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>NW</u> 1/4 <u>NW</u> 1/4, Sec <u>20</u> T <u>27N</u> R <u>04W</u></p> <p><u>4</u> Miles <u>West</u> of <u>S. State St.</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 6-2-20 Date drilling completed: 11-24-20 Hole depth: 1320' Hole diameter: 12"

Location of the source of any surface water used for drilling: Water District tap

Method of dosing and volume of Chlorine used in drilling and development: H+H

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): M.S. Geological Department

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 42 feet above or below land surface Date measured: 11-24-20
 (check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 1318 Well grouted to a depth of: 1270 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 1270 feet Casing diameter: 12 3/4" inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 1275 feet to 1315 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 1212 feet

If telescoped or more than one screen, describe on next page

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Coshoma
 Permit #: _____
 Driller: Al Jones
 Date completed: 11-24-20
Copy information from block on Part 1

For Office Use Only:
 Well #: 5200
 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>Coshoma County</u>	Latitude: <u>34°12'16.8"</u> Longitude: <u>90°38'16.7"</u>
Mailing Address: <u>Utility District</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 1488</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Clarksdale MS 38614</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>4</u> Miles <u>West</u> of <u>S. State St.</u>
Telephone No. <u>(662) 458-2468</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-24-20 Rated Pump Capacity: 300 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 30 Setting Depth: 140 feet Number of Stages: 3

Pump Test Data for Non Flowing Well
 Date Well Tested: 11-24-20 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 42' Feet Below Land Surface Pumping Water Level (B): 95' Feet Below Land Surface
 Drawdown [(B) - (A)]: 53 Feet Below Land Surface Test Pumping Rate: 375 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

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: Water Specialties Meter Serial Number: 20193428
 Meter Model Number/Name: ML-04 Type of Meter: Propeller
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): Gal x 1000
 Installation Date: 11-24-20 Meter Installed by: Mid South Water
 Is This Meter (check 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.
Clayton Miller 0-703 2-1-2021 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer