

# STATE WELL REPORT

160

County: Cochran  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date drilling completed: 8-8-20

**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 #: J 205  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Armando Caraveo</u>	Latitude: <u>34° 09.83' N</u> Longitude: <u>090° 37.18' W</u>
Mailing Address: <u>1214 W. 2nd st</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Clarksdale</u> <u>MS</u> <u>38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4, Sec 5 33 26 N R 4 W</u>
Telephone No. <u>(806) 729-7236</u>	<u>2</u> Miles <u>S</u> of <u>Clarksdale, MS</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-8-20 Date drilling completed: 8-8-20 Hole depth: 114' 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 Tablet

Logs run (check all applicable):  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) \_\_\_\_\_

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*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 \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 35 feet  above or  below land surface Date measured: 8-8-20  
(check one)

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

Well depth: 114' Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 94 feet Casing diameter: 4 inches Type of casing: SCH 40 PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .013 inches Setting depth: From 94 feet to 114 feet

Type of completion (check 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*



# 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)

**For Office Use Only:**

Well #: J 205  
 Aquifer: \_\_\_\_\_

County: coahoma  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

*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>Armando Caraved</u>	Latitude: <u>34° 09.83' N</u> Longitude: <u>090° 37.18' W</u>
Mailing Address: <u>1214 W. 2nd. St.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>33</u> T <u>26</u> N R <u>4</u> W
Telephone No. <u>806 729-7236</u>	<u>2</u> Miles <u>S</u> of <u>Clarksdale, MS</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 8-8-20 Rated Pump Capacity: 20 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: 1 Setting Depth: 60 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-8-20 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 33 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 25 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

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

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

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.

Willie L. Bryant 0-639 8-20-20 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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