

# State Well Report

## Part 1

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 #: K-89  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 9-1-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information  | Well Location   |
|---|---|
| Owner Name: <u>Dorfus Young</u>   | Latitude: <u>34° 09' 45" N</u> Longitude: <u>090° 28' 41" W</u>   |
| Mailing Address: <u>11203 Hwy 322</u><br><u>Bellview Rd.</u><br><u>Clarksdale MS 38614</u><br>City State Zip Code   | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS<br>¼ Sec <u>35</u> Twn <u>27N</u> Rng <u>3W</u> |
| Telephone No. ( <u>662</u> ) <u>624-2601</u>  | Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Clarksdale</u>   |
| Well Data   |   |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>watering Lawn</u>  |   |
| Date well drilling started: <u>9-1-07</u> Date well drilling completed: <u>9-1-07</u>   |   |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |   |
| Static Water Level: <u>33'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-1-07</u>  |   |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope &amp; weight</u>  |   |
| Hole depth: <u>105</u> Well depth: <u>105'</u> Well grouted to a depth of <u>12</u> feet  |   |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |   |
| Casing length: <u>75</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH-40</u>  |   |
| Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>   |   |
| Screen slot size: <u>016</u> inches Setting depth: From <u>75</u> feet to <u>105</u> feet   |   |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development<br>Other (describe): _____  |   |
| Top of lap pipe or reduction in casing: <u>0</u> feet. If telescoped or more than one screen, describe on back of report.   |   |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____   |   |
| Name of organization running log(s): _____  |   |
| I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. |   |
| <u>Willie L. Bryant</u><br>Print Name of Water Well Contractor and License No.  | <u>Willie L. Bryant</u><br>Signature of Water Well Contractor   |

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K-89

Elevation: \_\_\_\_\_

County: Coahoma

Permit #: \_\_\_\_\_

Driller: Willie Bryant

Date completed: 9-1-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information                                       | Well Location   |
|--|---|
| Owner Name: <u>Dorfus Young</u>                              | Latitude: <u>34°09.75'N</u> Longitude: <u>090°28.41'W</u>   |
| Mailing Address: <u>11203 Hwy 322</u><br><u>Bellview Rd.</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Clarksdale ms 38614</u><br>City State Zip Code            | 1/4 _____ 1/4 Sec <u>35</u> Twn <u>27N</u> Rng <u>3W</u>  |
| Telephone No. <u>(662) 624-2601</u>                          | Distance Direction Nearest Town<br><u>8</u> Miles <u>SE</u> of <u>Clarksdale</u>                            |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <u>Submersible</u>                   | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                             | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                   | Windmill Other (specify): _____           |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>2 HP</u>  |
| Date Pump Installed: <u>9-1-07</u>                | Setting Depth: <u>60</u> feet             |
| Rated Pump Capacity: <u>90</u> Gallons Per Minute | Number of Stages: <u>5</u>                |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one      |
|--|--|
| Date Well Tested: <u>9-1-07 &amp; 9-2-07</u>                   | Air Line Electric Measuring Line <u>See Note</u>   |
| Static Water Level (A): <u>33'</u> Feet Below Land Surface     | Other (specify): <u>Rope &amp; Weight</u>          |
| Pumping Water Level (B): <u>35 1/2</u> Feet Below Land Surface | For flowing well, measured shut in head: _____     |
| Drawdown [(B) - (A)]: <u>2 1/2</u> Feet Below Land Surface     | Well yielded <u>87</u> GPM with a drawdown of      |
| Test Pumping Rate: <u>87</u> Gallons Per Minute                | <u>2 1/2</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours       |  |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Willie L Bryant  
 Signature of Pump Installer

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