

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 #: K109

Aquifer: _____

E-Log #: _____

County: Coahoma
 Permit #: _____
 Driller: Willie Bryant
 Date drilling completed: 8-29-15

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>Earnestine Young</u></p> <p>Mailing Address: <u>11203 Hwy 322 - Bellview Rd.</u></p> <p><u>Clarksdale</u> MS <u>38614</u> City State Zip Code</p> <p>Telephone No. <u>(662) 902-1891</u></p>	<p>Well or Borehole Location <u>34° 09' 46" N 90° 28' 20" W</u></p> <p>Latitude: <u>34° 09' 77" N</u> Longitude: <u>090° 28' 34" W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SW</u> ¼ <u>SW</u> ¼, Sec <u>35</u> T <u>27N</u> R <u>3W</u></p> <p><u>7</u> Miles <u>SE</u> of <u>Clarksdale MS</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 8-29-15 Date drilling completed: 8-29-15 Hole depth: 124 Hole diameter: 7"

Location of the source of any surface water used for drilling: Nearby Pond

Method of dosing and volume of Chlorine used in drilling and development: -0-

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: 8-30-15
 (circle one)

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

Well depth: 124 Well grouted to a depth of: 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 104 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 104 feet to 124 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

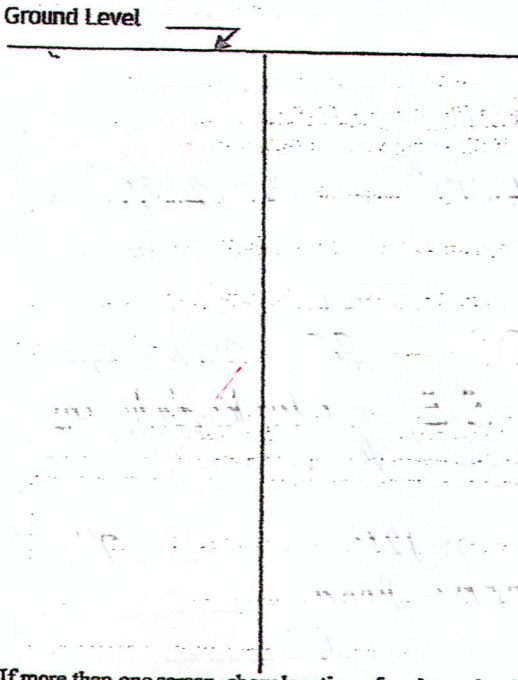
SEP 22 2015

BY: OLWR

County: Coahoma
Permit #: _____

For Office Use Only:
Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

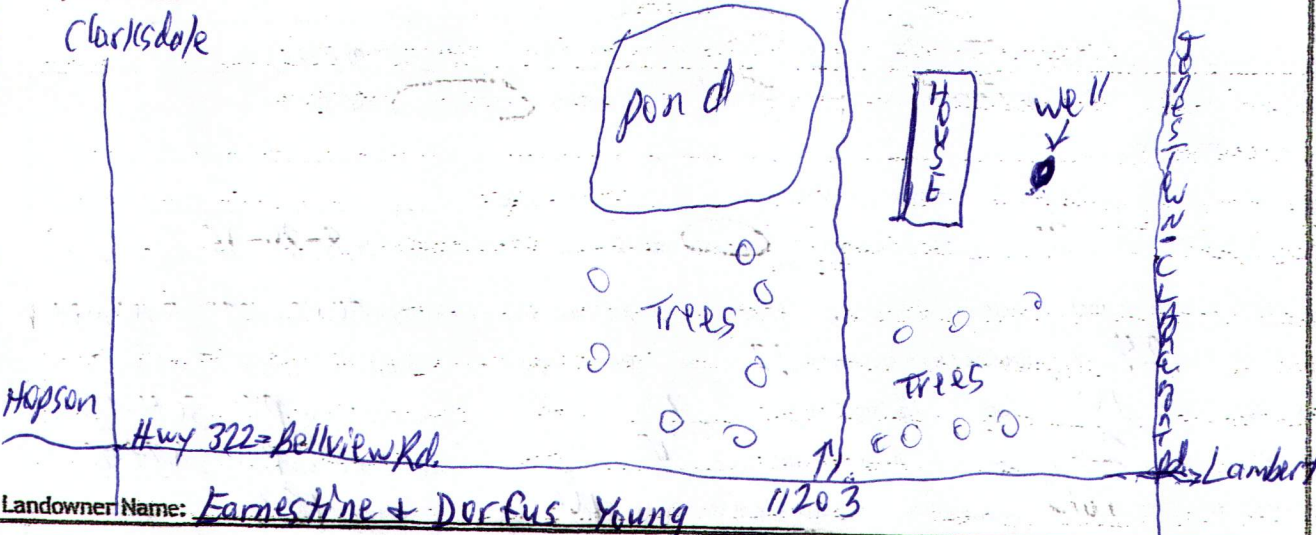


Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay	Ground level	17'
brown sand	17'	24'
fine sand	24'	44'
med. sand	44'	64'
gravel	64'	104'
heavy gravel	104'	124'

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) north arrow



Landowner Name: Ernestine + Dorfus Young

I HEREBY 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.

Willie L. Bryant 0-639 9-7-15 Willie L. Bryant
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: 9-5-15
Copy information from block on Part 1

For Office Use Only:

Well #: K 109
 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>Ernestine Young</u>			Latitude: <u>34° 09' 77" N</u>	Longitude: <u>090° 28' 34" W</u>
Mailing Address: <u>11203 Hwy 322 - Bellview Rd</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Clarksdale</u> State: <u>MS</u> Zip Code: <u>38644</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(601) 902-1891</u>			_____ 1/4 _____ 1/4, Sec. <u>35</u> T <u>27 N</u> R <u>3 W</u>	
			_____ Miles <u>SE</u> of <u>Clarksdale MS</u> (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

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

Date Pump Installed: 9-5-15 Rated Pump Capacity: 20 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: 2 Setting Depth: 80 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 9-6-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 42 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 26 Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 26 GPM with a drawdown of 7 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: Blue-White Industries Meter Serial Number: F-1000-RT

Meter Model Number/Name: RT-200141 Type of Meter: Digimeter

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

Installation Date: 9-5-15 Meter installed by: Bryant Well + Pump Ser.

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 9-7-15 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Handwritten notes at the top of the page, including a date and possibly a title or subject line.

Main body of handwritten text, appearing to be a list or series of notes, possibly related to a project or study.

Continuation of handwritten text, showing more detailed notes or descriptions.

Final section of handwritten text at the bottom of the page, possibly concluding the notes or providing a summary.