

County Coahoma
 Permit # GW-47191
 Driller: TEDDY COATS
 Date drilling completed: 9/18/14

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 # K110
 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>William E. MERRITT</u></p> <p>Mailing Address: _____ <u>P.O. Box 128</u> <u>Lyon MS 38645</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 13' 24"</u> Longitude: <u>90° 29' 46"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey.</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>NE 1/4 SW 1/4 Sec <u>10</u> Twn <u>27N</u> Rng <u>03W</u></p> <p>Distance <u>3</u> Miles Direction <u>E</u> of Nearest Town <u>Clarksdale</u></p>
---	---

Well / Borehole Data

Date drilling started: 9/18/14 Date drilling completed: 9/18/14 Hole depth: 110 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: 20 feet above below (circle one) land surface Date measured: 9/18/14

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 0 feet to 70 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*

Form: OLWR-SWR-1A (04/08)

RECEIVED

OCT 20 2014

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)

For Office Use Only:	
Well #:	<u>K110</u>
Aquifer:	_____

County: <u>COAHOMA</u>
Well #: <u>GW-47191</u>
Owner: <u>TEODY COATS</u>
Date completed: <u>9-18-14</u>
<i>Copy information from block on Part 1</i>

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>William Merrill</u>	Latitude: <u>34° 13' 24"</u> Longitude: <u>90° 29' 46"</u>
Mailing Address: <u>P.O. BOX 128</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>LYON</u> State: <u>MS</u> Zip Code: <u>38045</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(662) 902-7915</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>10</u> T <u>27N</u> R <u>03W</u>
	<u>2.3</u> Miles <u>E</u> of <u>LYON</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9-22-14 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: 600 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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 _____ 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 (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.

DAVID P. HOLT 0-752 P 9-30-14 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 OCT 3 2014
 OLWR
 14-0859

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 #: K110

Aquifer: _____

County: COAHOMA
 Permit #: GW-47191
 Title: TEOO4 COATS
 Date completed: 9-18-14
 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>William Merritt</u>	Latitude: <u>34° 13' 24"</u> Longitude: <u>90° 29' 46"</u>
Mailing Address: <u>P.O. BOX 128</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LYON</u> MS <u>38045</u> City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>10</u> T <u>27N</u> R <u>03W</u>
Telephone No. <u>(662) 902-7915</u>	<u>2.3</u> Miles <u>E</u> of <u>LYON</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9-22-14 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

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

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

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

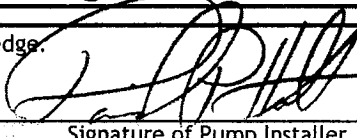
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (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.

DAVID P. HOLT 0-752P 9-30-14 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 03 2014
 OLWR
 14-0859