

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)

164

For Office Use Only:

Well #: K 114
Aquifer: _____
E-Log #: _____

County: Cochran

Permit #: _____

Driller: W. Bryant

Date drilling completed: 3-28-20

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Essex James Johnson</u>	Latitude: <u>34° 13.28' N</u> Longitude: <u>090° 27.64' W</u>
Mailing Address: <u>85 Luster Rd.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Hwy 6 East</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Lyon</u> <u>MS</u> <u>38645</u>	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>12</u> T <u>26</u> ^N R <u>3</u> W
City State Zip Code	<u>7</u> Miles <u>E</u> of <u>Clarksdale MS</u>
Telephone No. <u>(602) 645-8710</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-28-20 Date drilling completed: 3-28-20 Hole depth: 125' Hole diameter: 7"

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

Method of dosing and volume of Chlorine used in drilling and development: None

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: none

Name of organization running log(s): N/A

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 _____ Other (describe) _____

Static Water Level: 18 feet above or below land surface Date measured: 4-5-2020

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

Well depth: 125' Well grouted to a depth of: 12 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 105 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 105 feet to 125 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

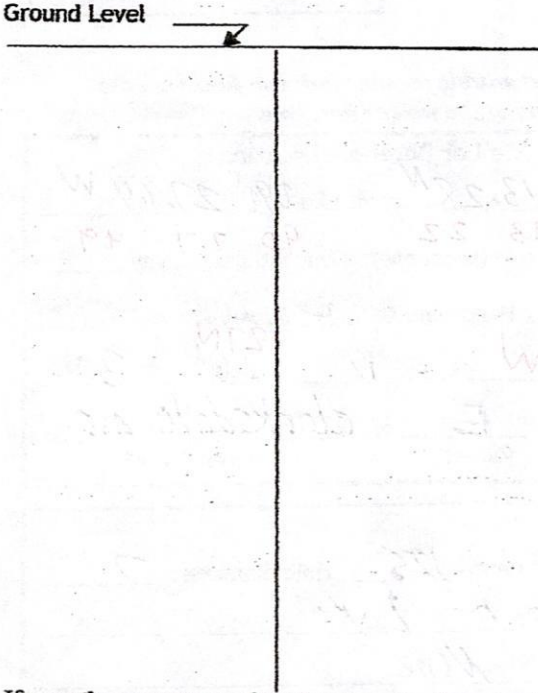
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BY OLWR

County: Wahona
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



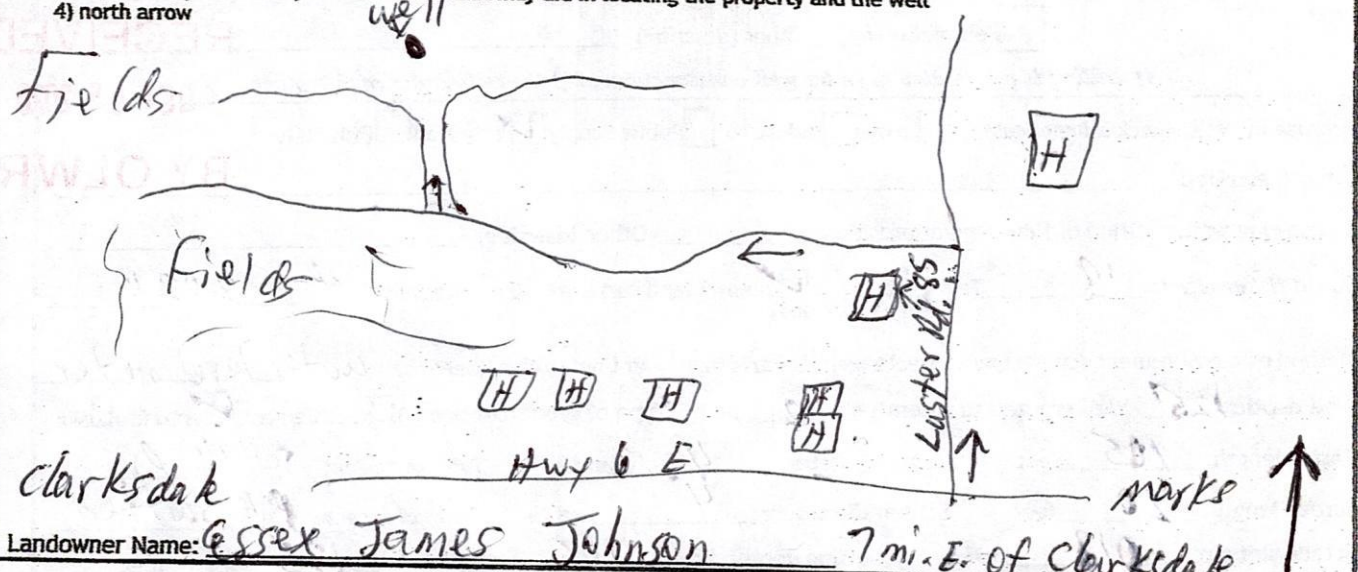
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay	Ground level	15
fine sand	15	30
med. sand	30	40
coarse sand	40	80
peg gravel	80	125

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: Essex James Johnson 7 mi. E. of Clarksdale

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 4-20-70 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: W. Bryant
 Date completed: 4-16-2020
Copy information from block on Part 1

For Office Use Only:

Well #: K 114
 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>Essex James Johnson</u>	Latitude: <u>34° 13' 28" N</u> Longitude: <u>90° 27' 64" W</u>
Mailing Address: <u>85 Luster Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> _____
<u>Hwy 6 East</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Lyon</u> City <u>MS</u> State <u>38645</u> Zip Code	<u>NN</u> ¼ <u>SW</u> ¼, Sec <u>12</u> T <u>26 N</u> R <u>3 W</u>
Telephone No. <u>(662) 645-8710</u>	<u>7</u> Miles <u>E</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: 4-5-2020 Rated Pump Capacity: 10 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: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 4-18-2020 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 18 Feet Below Land Surface Pumping Water Level (B): 21 Feet Below Land Surface

Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 12 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 4-20-20 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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