

# 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: L 105  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: MS-GW-16797  
Driller: Willie Bryant  
Date drilling completed: 9-18-10

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>Carson Schmidt</u>		Latitude: <u>34.06</u> <sup>39</sup> <u>26</u> <sup>N</sup>	Longitude: <u>090.37</u> <sup>68</sup> <u>W</u>
Mailing Address: <u>195 Geiston Rd.</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Clarksdale</u> <u>MS</u> <u>38614</u>		USGS quad, <u>Hand-held GPS</u> Survey-grade GPS	
City State Zip Code		<u>NE</u> <sup>NW</sup> <u>1/4</u> <u>SE</u> <sup>SW</sup> <u>1/4</u> Sec <u>20</u> Twn <u>26N</u> Rng <u>4W</u>	
Telephone No. <u>(662) 627-2887</u>		Distance <u>7 1/2</u> Miles	Direction <u>SW</u> of Nearest Town <u>Clarksdale</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Recreational/pond</u>	<u>plumming into</u>
Date well drilling started: <u>9-18-10</u>	Date well drilling completed: <u>9-18-10</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>35'</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>9-19-10</u>
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope + weight</u>	
Hole depth: <u>120'</u> Well depth: <u>118'</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>78</u> feet Casing diameter: <u>6</u> inches	Type of casing: <u>PVC 160</u>
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches	Setting depth: From <u>78</u> feet to <u>118</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	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 page	
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.

Willie L. Bryant 0-639  
Print Name of Water Well Contractor and License No.

Willie L. Bryant  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Blank vertical area for sketching well telescopes.

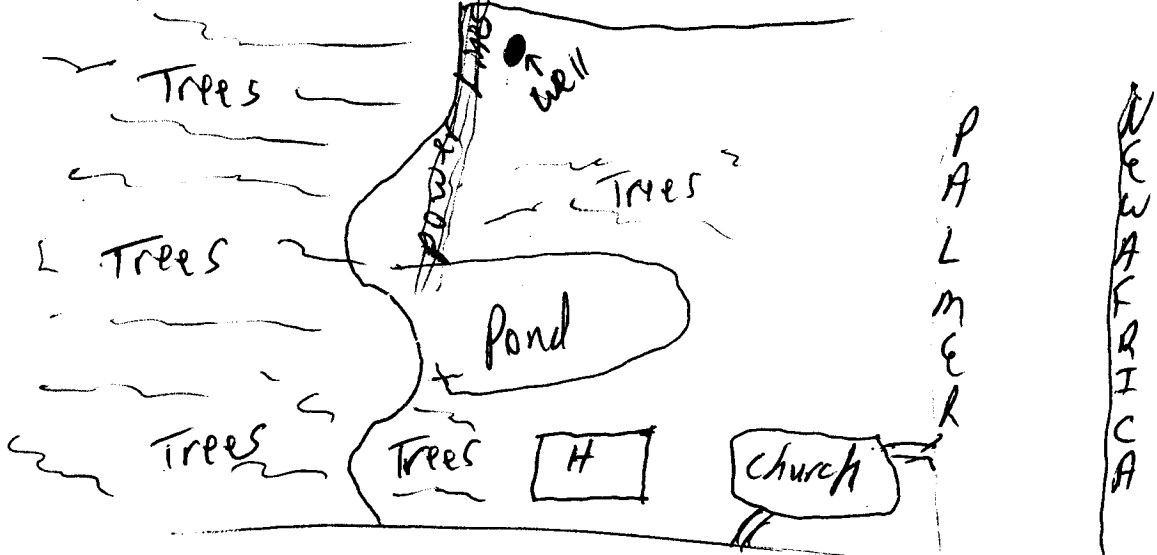
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	20
Clay + brown sand	20	40
Coarse sand	40	60
gravel	60	80
gravel	80	100
gravel	100	118

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) indicate direction.



Landowner Name: Carson Schmidt

Wilhe L. Bryant  
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 #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Cochran  
 Permit #: MS-6W-16797  
 Driller: Willie Bryant  
 Date completed: 9-19-10

**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>Carson Schmidt</u>	Latitude: <u>34° 06.46' N</u> Longitude: <u>090° 38' 20" W</u>
Mailing Address: <u>195 Geilston Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale, MS 38614</u>	USGS quad, <u>NW NE 1/4 SE 1/4</u> Sec <u>20</u> Twn <u>26N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662</u> ) <u>627-2887</u>	<u>7 1/2</u> Miles <u>SW</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>9-19-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>200-300</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-21-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; weight</u>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

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