

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 #: L-109
L. S. Elevation: _____
E-log #: _____

County: CORHOMA
Permit #: GW-44976
Driller: J. NEWCOME 0-773
Date drilling completed: 4-1-11

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>Fred Zepponi Jr</u>	Latitude: <u>34.07.55</u> Longitude: <u>90.33.31</u>
Mailing Address: <u>7 Niel Cove</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Dumdee MS 38626</u>	<u>SE 1/4 Sec 12 Twn 26N Rng 04W</u>
City State Zip Code	Distance <u>S</u> Miles Direction <u>SE</u> of Nearest Town <u>CLARKSDALE</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-1-11 Date well drilling completed: 4-1-11

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.V.C.

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

Screen slot size: .050 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run 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.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

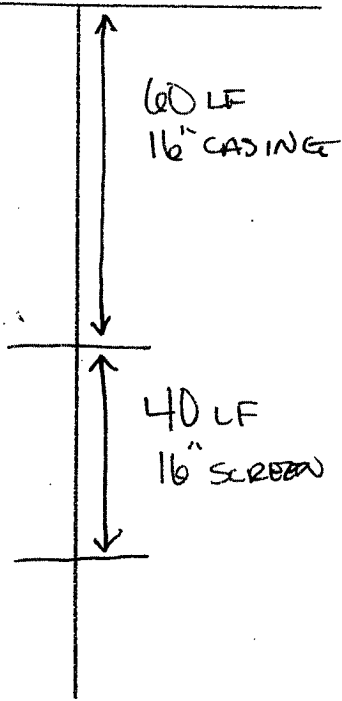
John Newcome
Signature of Water Well Contractor

Pump installed by Circle S / Clarksdale
Mail copy to Circle S

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BY CLERK

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY	10	30
SAND/CLAY STRIPS	30	60
COARSE SAND/GRAVEL	60	100
BOTTOM	100	103

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.

SEE MAP

Landowner Name: _____

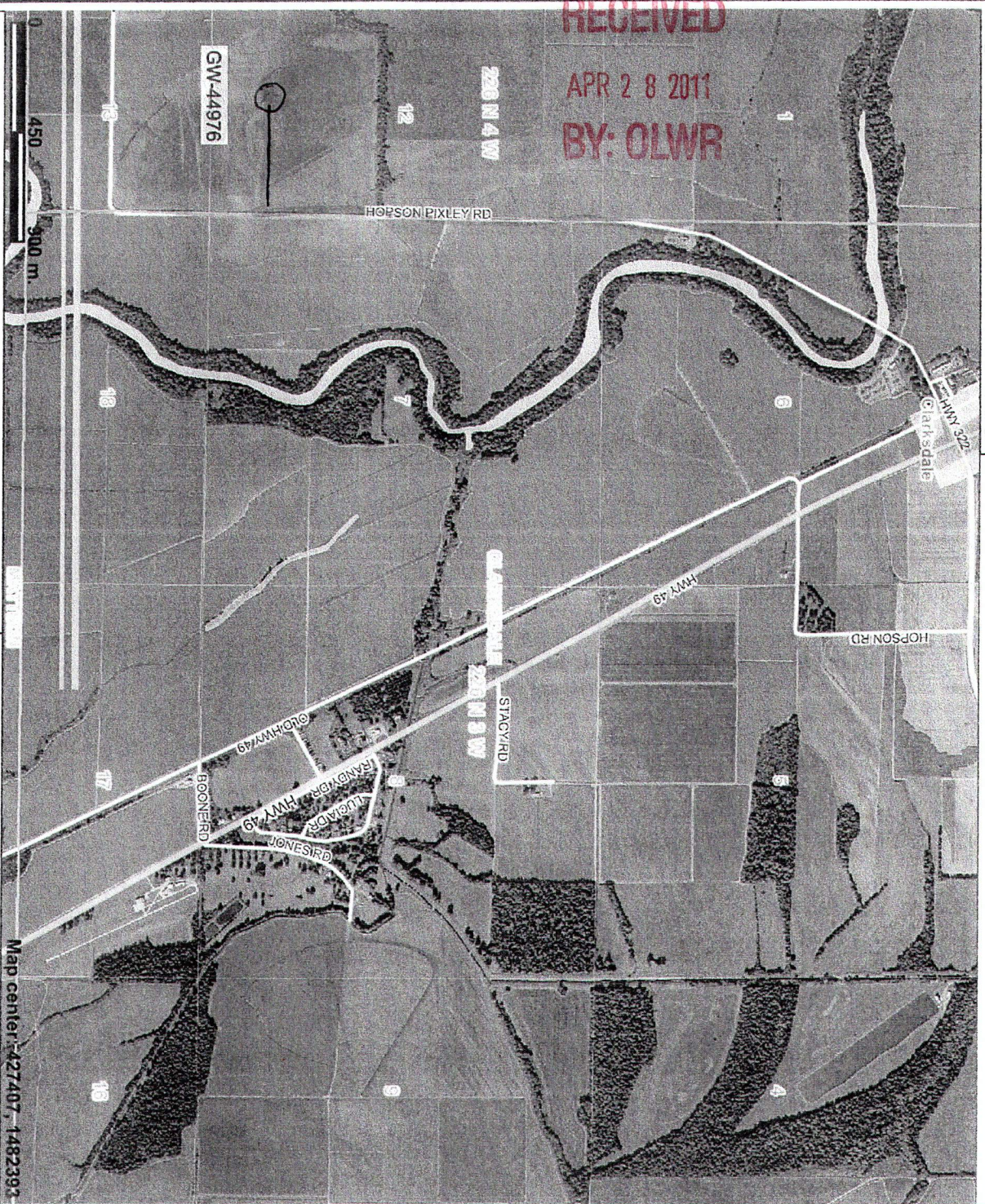
[Signature]
 Signature of Water Well Contractor



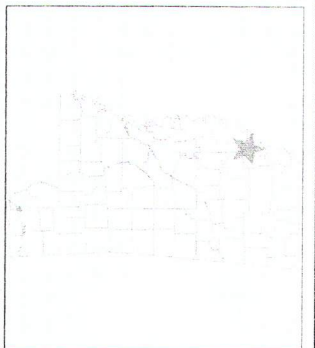
MARIS
Online Maps

Internet Mapping Framework

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BY: OLWR



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.



Legend

- County Boundaries
- Quadrangle Grid
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbf streams and inum)
- adams07_m.sid
- alcorn07_m.sid
- amite07_m.sid
- attala07_m.sid
- benton07
- bolivar07_m.sid
- calhoun07_m.sid
- carroll07_m.sid
- chickasaw07_m.sid
- choctaw07_m.sid
- calborne07_m.sid



Scale: 1:24,541



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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: L 109
 Well #: _____
 Elevation: _____

County: Coahoma
 Permit #: CW-44976
 Driller: Chicot Irrigation
 Date completed: 4-1-11
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>Fred Zepponi Jr</u>	Latitude: <u>34° 7' 32.4"</u> Longitude: <u>90° 33' 32.2"</u>
Mailing Address: <u>7 Neil Cove</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Dunder</u> MS <u>38626</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 12 T26N R 4W</u>
Telephone No. <u>(601) 627-1377</u>	Distance Direction Nearest Town <u>1.7</u> Miles <u>W</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-6-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

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

APR 28 2011

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