

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

County: Coahoma  
Permit #: MS-GW-416050 ✓  
Driller: Joel Turner  
Date drilling completed: 5-22-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L117  
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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>WE Young Jr LP</u>	Latitude: <u>30° 39' 54.3"</u> Longitude: <u>90° 06' 02.8"</u>
Mailing Address: <u>1820 Young Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>32</u> <u>01</u>
<u>Clarksdale Ms 38614</u> City State Zip Code	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ✓ <u>NW 1/4 NW 1/4 Sec 30</u> Twn <u>26N</u> Rng <u>04W</u>
Telephone No. <u>(662) 902-3276</u>	Distance <u>6</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>

**Well / Borehole Data**

Date drilling started: 5-22-12 Date drilling completed: 5-22-12 Hole depth: 116 Hole diameter: 2 1/2 in

Location of the source of any surface water used for drilling: Well SW of location  
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: 40 feet above or below (circle one) land surface Date measured: 5-23-12

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

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: 050 inches Setting depth: From 76 feet to 78 1/2 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)

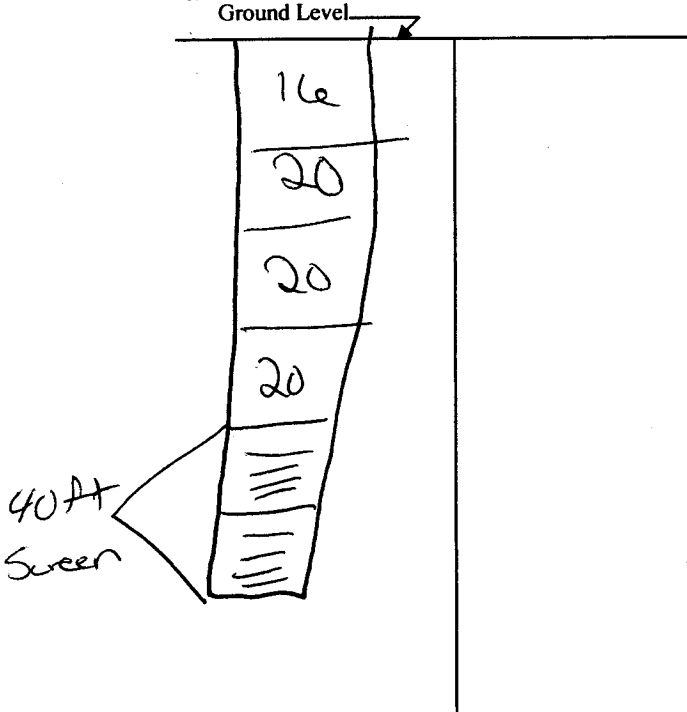
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JUN 08 2012

BY: OLWR

The sketch below only required for water wells

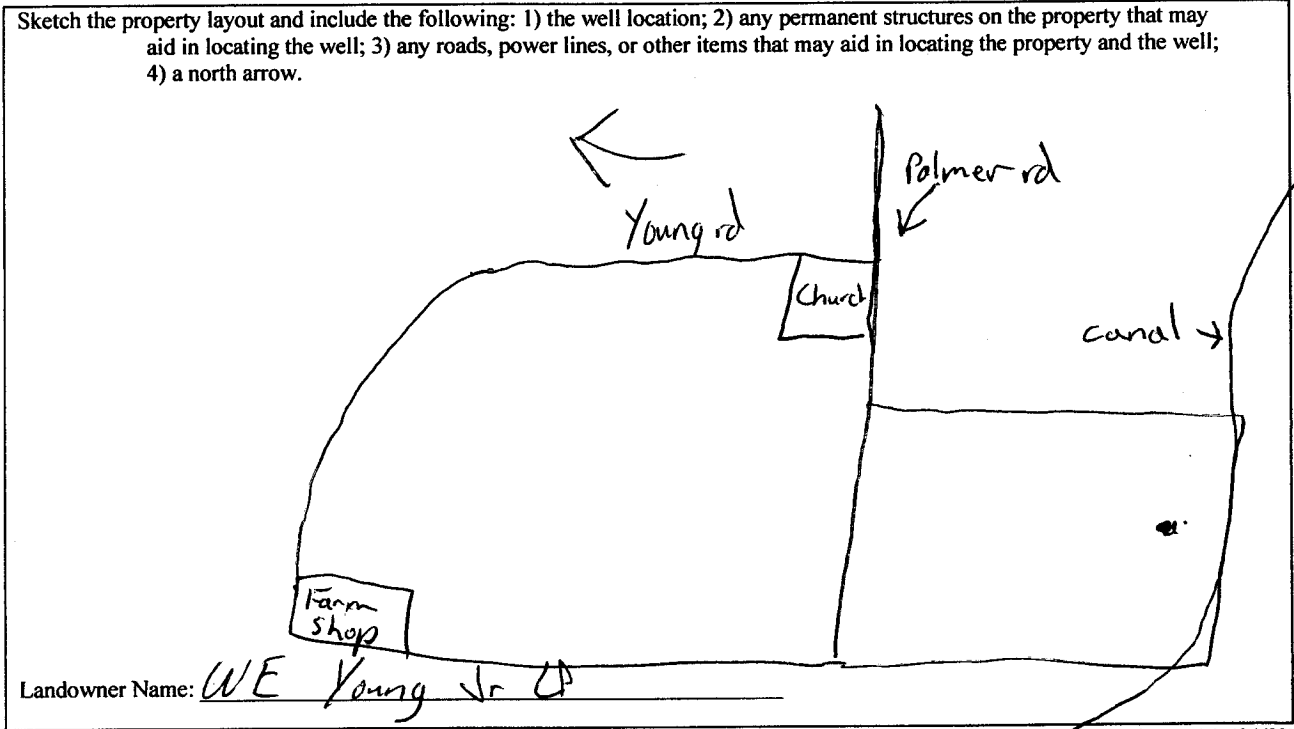
If well telescopes, show depths on sketch.



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	10
Clay	10	20
Clay	20	30
Clay/gumbo	30	40
Hard sand	40	50
Course sand	50	60
Course sand	60	70
Course sand	70	80
Course + rock	80	90
Course + rock	90	100
rock	100	110
small rock	110	116

If more than one screen, show location of each on sketch



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

I 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.

Joel Jumper 0000368 5-23-12  
 Print Name of Responsible Licensee and License No. Date

Joel Jumper  
 Signature of Licensee

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Coahoma  
 Permit #: Ms-GW-46050  
 Driller: Joel Jumper  
 Date completed: 5-23-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L117  
 Elevation: \_\_\_\_\_

*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>WE Young Jr LP</u>	Latitude: <u>090-39-543</u> Longitude: <u>34-06-023</u>
Mailing Address: <u>1820 Young Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>Ms</u> <u>38614</u> City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>30</u> T <u>26N</u> R <u>04W</u>
Telephone No. ( <u>662</u> ) <u>902-3276</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>S</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 H.P.</u>
Date Pump Installed: <u>5-24-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-24-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>9R</u> hours	

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

Teddy Coats RPO-0000-4850 Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWB (04/08)

**BY: OLWR**