

# State Well Report

## Part 1 - Driller's Log

County: Coahoma  
Permit #: MS-GW-46051  
Driller: Chel Jumper  
Date drilling completed: 5-18-12

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 #: L118  
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>Young Jr, WE</u>	Latitude: <u>090° 37' 030"</u> Longitude: <u>34° 06' 890"</u>
Mailing Address: <u>1359 Wells</u>	Method of Lat/Long (circle one): Conventional Survey, <u>53</u>
<u>Station road</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Memphis TN 38108</u>	<u>NE 1/4 NW 1/4 Sec 21 Twn 26N Rng 04W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 902-3276</u>	<u>5</u> Miles <u>SE</u> of <u>Clarksdale</u>

### Well / Borehole Data

Date drilling started: 5-18-12 Date drilling completed: 5-18-12 Hole depth: 120 Hole diameter: 25 in

Location of the source of any surface water used for drilling: Out of a well south from 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: 32 ft feet  above  below (circle one) land surface Date measured: 5-19-12

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 ft feet Casing diameter: 16 in inches Type of casing: PVC

Screen length: 40 ft feet Screen diameter: 16 in inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 80 feet to 70-120 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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# 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: Cookham  
 Permit #: MS-GW-46051  
 Driller: Joel Jumper  
 Date completed: 5-19-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L118  
 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>Young Jr, WE</u>	Latitude: <u>090-37-070</u> Longitude: <u>34-06-890</u>
Mailing Address: <u>1359 Wells Station road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis TN 38108</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 21 T 26N R 04W</u>
Telephone No. <u>(662) 902-3276</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="radio"/> Turbine	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 H.P.</u>
Date Pump Installed: <u>5-19-12</u>	Setting Depth: <u>80ft</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-19-12</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>88</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>1200</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Joel Jumper RP0-0000-4849 Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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

**BY: OLWR**