

GW47267 replaces ^{6W-}13433

Jolted Well Service

County: Coahoma
 Permit #: GW-13433
 Driller: Joel Jumper
 Date drilling completed: 2-4-13

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)

For Office Use Only:
 Aquifer: L 123
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Henny Shetler</u>	Latitude: <u>34° 6' 20"</u> Longitude: <u>90° 37' 15"</u>
Mailing Address: <u>520 Gelston Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 21</u> <u>Twn 26N</u> <u>Rng 04W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 2-4-13 Date drilling completed: 2-4-13 Hole depth: 105 Hole diameter: 28 in

Location of the source of any surface water used for drilling: Nearest Well

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: 41 feet above or below (circle one) land surface Date measured: 2-4-13

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

Well depth: 105 Well grouted to a depth of ___ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 1/2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 1/2 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 265 feet to 70 ¹⁰⁵ 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: Coahoma
 Permit #: 60W-B433
 Driller: Joel Jumper
 Date completed: 2-4-13
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: L123
 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>Henry Shetter</u>	Latitude: <u>34-6-20</u> Longitude: <u>90-37-15</u>
Mailing Address: <u>520 Gelston Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale Ms 38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 21 T 26N R 04W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</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>2-5-13</u>	Setting Depth: <u>0-70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>Single</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>62-20</u> Feet Below Land Surface	Well yielded <u>3000</u> GPM with a drawdown of
Test Pumping Rate: <u>3000</u> Gallons Per Minute	<u>62-20</u> feet after <u>8</u> hours of pumping
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 5317 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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L123



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