

County COAHOMA
 Permit # GW-48267
 Driller TEDDY Coats
 Date drilling completed: 6/14/14

State Well Report
 Part I - 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: _____
 Well # L129
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Muscot Planting Comp.</u> Mailing Address: <u>Muscot Planting Co.</u> <u>7045 New Africa</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 06' 51"</u> Longitude: <u>90° 38' 47"</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 19 Twn 26N Rng 04W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Clarksdale</u></p>
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Well / Borehole Data

Date drilling started: 6/14/14 Date drilling completed: 6/14/14 Hole depth: 110 Hole diameter: 26
 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: 30 feet above or below (circle one) land surface Date measured: 6/14/14
 Method of Measurement (circle one) steel tape electric tape _____ air line _____ other: _____
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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*

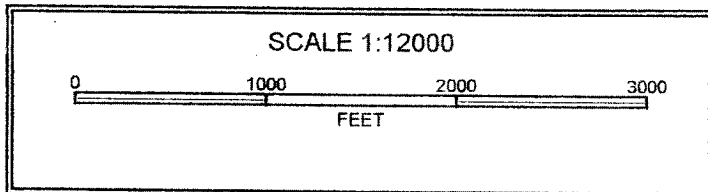
Form: OLWR-SWR-1A (04/08)

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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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: _____

Aquifer: _____

County: COAHOMA
Well ID: GW-48267
Well Name: JOLTED WELL SEWER
Completion Date: 6-14-14
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: Owner Name: MASCOT PLANTING CO, Mailing Address: 7045 NEW AFRICA RD, CLARKSOALE MS 38614, Telephone No. 662 624-5943
Well Location: Latitude: 34° 06' 51" Longitude: 90° 38' 47", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4, Sec 19 T 26N R 04W, 2 Miles SE of BOBO

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 6-16-14 Rated Pump Capacity: 3000 Gallons Per Minute
Is This Pump (circle one): New (Repaired) Replacement

Power Type (circle one): Electric (Diesel) Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: N/A Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P 7-7-14 Signature of Pump Installer

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BY OLWR

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