

County: Coahoma
 Permit #: GW-49037
 Driller: TEDDY COATS
 Date drilling completed: 10/7/15

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 #: L 135
 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>Brad Willis</u>	Latitude: <u>34° 09' 04"</u> Longitude: <u>90° 34' 20"</u>
Mailing Address: _____ <u>107 Flowers Catalina Rd</u> <u>Clarksdale MS 38614</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 02 Twn 26N Rng 04W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1/2 Miles S/W of Clarksdale</u>

Well / Borehole Data

Date drilling started: 10/7/15 Date drilling completed: 10/7/15 Hole depth: 115 Hole diameter: 28

Location of the source of any surface water used for drilling: _____
 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) Replacement well

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 10/7/15

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: 16 inches Type of casing: _____

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

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: OLWF-SWR-1A (10/10)

NOV 04 2015

BY: OLWF

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 #: L135
Aquifer: _____

County: Cochran
Permit #: GW-49037
Driller: TEDDY COATS
Date completed: 10/7/15
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>Brad Willis</u>	Latitude: <u>34 09 04</u> Longitude: <u>90 34 20</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>107 Flowers Catalina Rd</u>	USGS quad <u>NE 1/4 SE 1/4, Sec 02 T 26 N R 04 W</u>
<u>Clarksdale MS 38614</u>	<u>1/2</u> Miles <u>S/W</u> of <u>Clarksdale</u>
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10/7/15 Rated Pump Capacity: 1500 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: 40 Setting Depth: 70 feet Number of Stages: 2-stage 10

Pump Test Data for Non Flowing Well

Date Well Tested: 10/7/15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 5/20 Feet Below Land Surface Test Pumping Rate: 1500 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 1500 GPM with a drawdown of 30 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ 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.

TEDDY COATS #5318 10/7/16 Teddy Coats

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
Form: ULWR-SWR-1B (4/13)