

County: Coahoma  
 Permit #: MS. GW-50015 ✓  
 Driller: TEODY COATS  
 Date drilling completed: 7/26/17

**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 #: L138  
 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>Eldon Schmidt</u>	Latitude: <u>34° 5' 7"</u> Longitude: <u>90° 38' 5"</u>
Mailing Address: <u>(Same)</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>33 Schmidt Road</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____
<u>Clarksdale MS 38614</u>	<u>NE 1/4 NW 1/4</u> Sec <u>32</u> Twn <u>26N</u> Rng <u>84W</u> ✓
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6</u> Miles <u>5</u> of <u>BOBO</u>

**Well / Borehole Data**

Date drilling started: 7/26/17 Date drilling completed: 7/24/17 Hole depth: 100 Hole diameter: 28  
 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: 20 feet above or below (circle one) land surface Date measured: 7/26/17

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 inches Setting depth: From 060 feet to 20100 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)

RECEIVED

SEP 07 2017

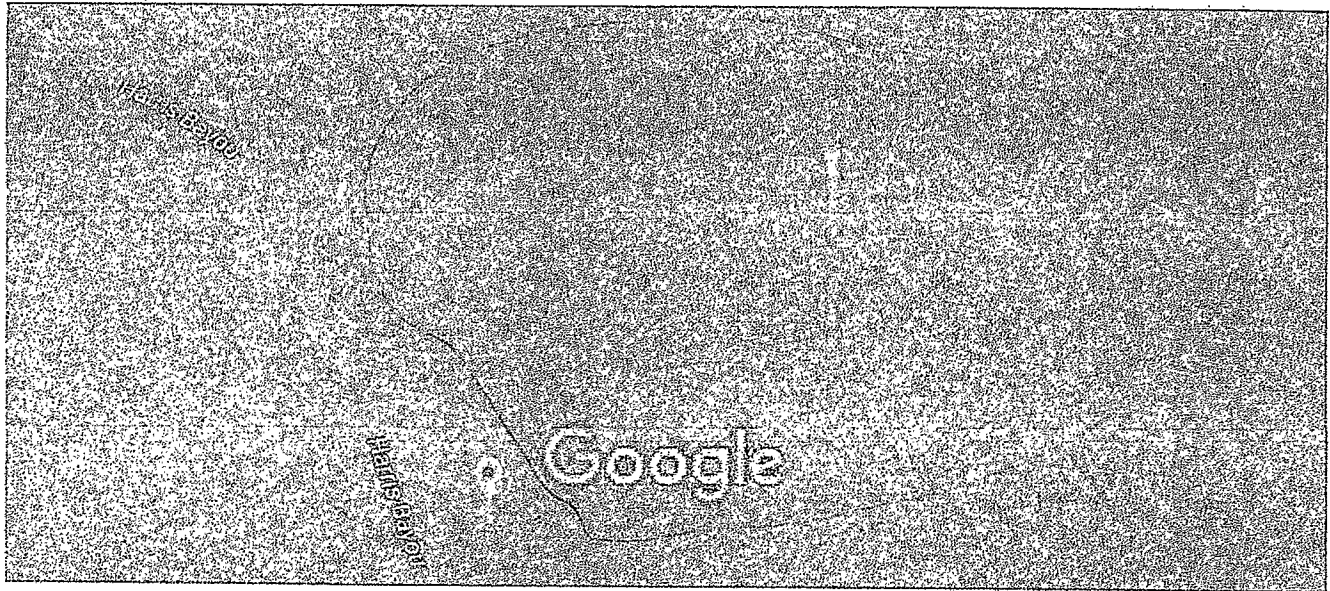
BY OLWR



L138

Google Maps

34°05'07.0"N 90°  
38'05.0"W



Imagery ©2017 DigitalGlobe, State of Arkansas, 200 ft  
 USDA Farm Service Agency, Map data ©2017  
 Google

DI  
 RECEIVED  
 SEP 07 2017  
 BY OLWR

Coahoma County

# 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-6W-50015  
 Driller: TEDDY Coats  
 Date completed: 7/26/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L138  
 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>Eldon Schmidt</u>	Latitude: <u>34 57</u> Longitude: <u>90 30 5</u>
Mailing Address: <u>(Same)</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>33 Schmidt Road</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Clarksdale MS 38614</u>	<u>NE 1/4 NW 1/4 Sec 32 T26N R 04W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>6</u> Miles <u>S</u> of <u>Boss</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 HP</u>
Date Pump Installed: <u>7/26/17</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/26/17</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of
Test Pumping Rate: <u>2500</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY Coats #5318 Print Name of Pump Installer and License No. (if applicable)

Teddy Coats Signature of Pump Installer