

# 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)

County: Coahoma  
 Permit #: MS-6W-49606  
 Driller: TEDDY Coats  
 Date drilling completed: 12-3-16

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L1A1  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Wanell Schmidt</u>	Latitude: <u>34° 7' 26" N</u> Longitude: <u>90° 35' 26" W</u>
Mailing Address: <u>4681 Bobo New Africa</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Clarksdale MS 38614</u>	<u>NE 1/4 SE 1/4 Sec 15 Twn 26N Rng 04W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>8</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Clarksdale</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 12-3-16 Date drilling completed: 12-3-16 Hole depth: 120 Hole diameter: 24

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: 12-3-16

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 feet Casing diameter: 10 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C

Screen slot size: 0.50 inches Setting depth: From 0 feet to 90 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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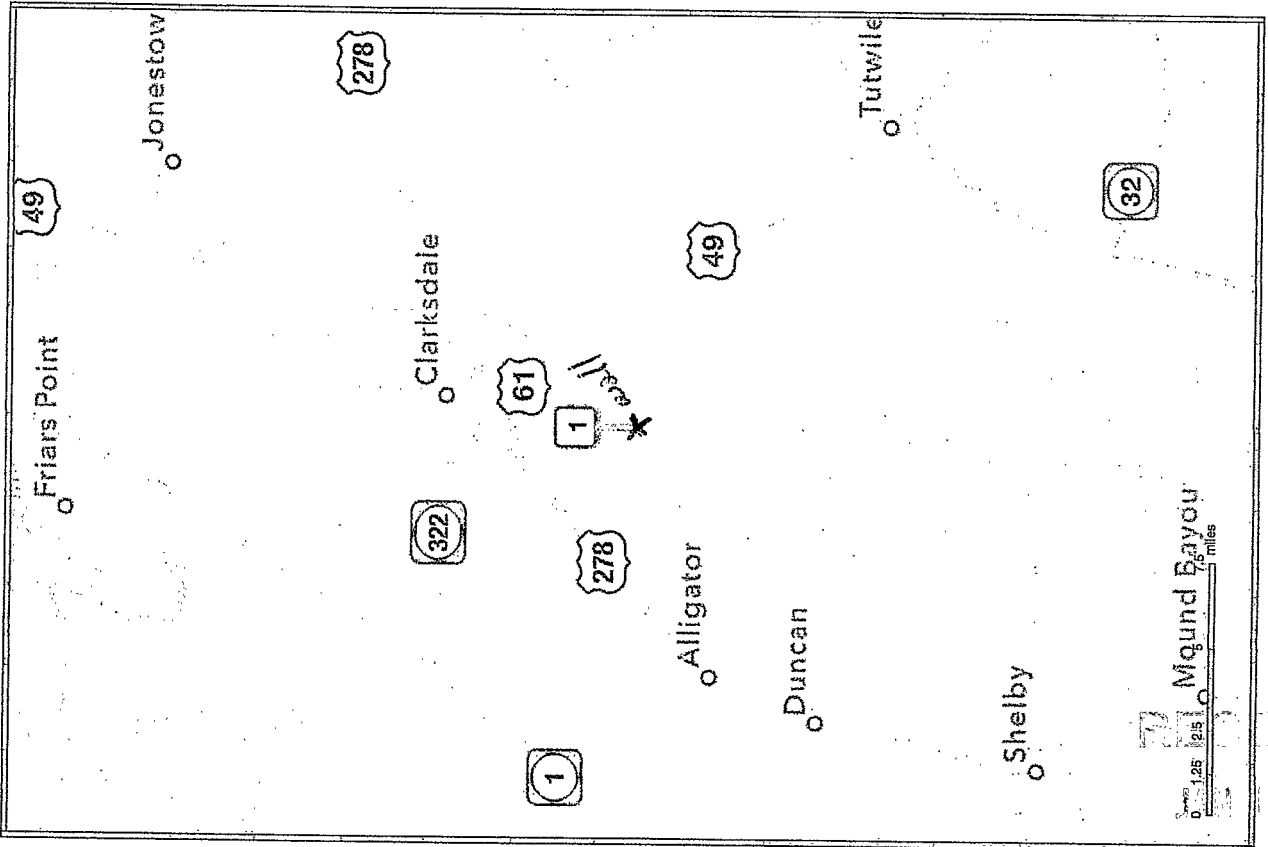
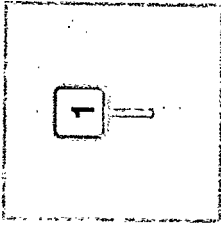


**34 7 26n 90 35 26w**  
near Clarksdale



Page 1 of 1  
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9301-9599 New Africa Rd  
9301-9599 New Africa Rd  
Clarksdale, MS 38614  
United States



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# STATE WELL REPORT

County: Collins  
 Permit #: MS-66-49666  
 Driller: TEDDY COATS  
 Date completed: 12-3-16  
*Copy information from block on Part 1*

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L1A1  
 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>Wendell Schmitt</u>	Latitude: <u>34 7 26 N</u> Longitude: <u>90 35 26 W</u>
Mailing Address: <u>4681 Bobo Row American</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>NE 1/4 SE 1/4 Sec 15 T 26 N R 04 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8 Miles NE of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 HP</u>
Date Pump Installed: <u>12-3-16</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-3-16</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>900</u> Gallons Per Minute	
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) Signature of Pump Installer

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