

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: M-94
L. S. Elevation: _____
E-log #: _____

County: COAHOMA
Permit #: 4027
Driller: HOUSTON
Date drilling completed: _____

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>Fred Young</u> Mailing Address: <u>1312 BUEVA ULTA ST</u> <u>CLARKSDALE MS 38614</u> City State Zip Code Telephone No. <u>(662) 624-6882</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 07' 02"</u> Longitude: <u>90° 31' 09"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼ Sec <u>16</u> Twn <u>26N</u> Rng <u>3W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>7/1</u> Date drilling completed: <u>7/1</u> Hole depth: <u>100</u> Hole diameter: <u>18</u> Location of the source of any surface water used for drilling: <u>well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 LB PER 1000</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>23</u> feet above or below (circle one) land surface Date measured: <u>7/2</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>1.030</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underrcamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

110507

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: COAHOMA
Permit #: 6W40507
Driller: HOUSTON
Date drilling completed: 7/1

For Office Use Only:

Aquifer: _____
Well #: M-94
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>Fred Young</u>	Latitude: <u>34° 07' 02"</u> Longitude: <u>90° 31' 09"</u>
Mailing Address: <u>1312 BUEVA VISTA ST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CLARKSDALE MS 38614</u>	1/4 _____ 1/4 Sec <u>16</u> Twn <u>26N</u> Rng <u>3W</u>
City State Zip Code	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. (<u>662</u>) <u>624-6882</u>	
Well / Borehole Data	
Date drilling started: <u>7/1</u> Date drilling completed: <u>7/1</u> Hole depth: <u>100</u> Hole diameter: <u>18</u>	
Location of the source of any surface water used for drilling: <u>well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 LB PER 1000</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>23</u> feet above or below (circle one) land surface Date measured: <u>7/2</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.030</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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SEP 12 2005

BY: OLWR

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JUL 28 2005

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: COAHOMA
 Permit #: OLW 40507
 Driller: Houston
 Date completed: 7/1
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-94
 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>Fred Young</u>	Latitude: <u>39 07 02</u> Longitude: <u>90 31 09</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____ _____ ¼ _____ ¼ Sec <u>16</u> T <u>26N</u> R <u>3W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7/1</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</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>23</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

PAUL Powell 0435 Paul H. Powell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR BY: OLWR