

Clinton County
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 #: 40247
Driller: HOUSTON DRILLING
Date drilling completed: 5/25

For Office Use Only:
Aquifer: _____
Well #: 1197
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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>BOWEN FLOWERS</u> | Latitude: <u>34° 08' 27" N</u> Longitude: <u>91° 30' 17" W</u> |
| Mailing Address: <u>TUNICA MS 38676</u> <u>P. O. Box 38</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>26N</u> Rng <u>3W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ |

Well / Borehole Data

Date drilling started: 5/25 Date drilling completed: 5/25 Hole depth: 120 Hole diameter: 24

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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: 29 feet above or below (circle one) land surface Date measured: 5/26

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: 16 inches Type of casing: PVC

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

Screen slot size: 1.050 inches Setting depth: From 80 feet to 120 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*

40247

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P.O. Box 10631
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(601)961-5210
(601)354-6938 (fax)

County: COAHOMA
Permit #: GW40247
Driller: HOUSTON DRILLING
Date drilling completed: 5/25

For Office Use Only:
Aquifer: _____
Well #: M-97
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>BOWEN FLOWERS</u> | Latitude: <u>34° 08' 27" N</u> Longitude: <u>91° 30' 17" W</u> |
| Mailing Address: <u>TUNICA MS</u> | Method of Lat/Long (circle one): Conventional Survey, ok |
| <u>732 FRIAS POINT RD</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>CLARKSBAR MS 38614</u> | ____ 1/4 ____ 1/4 Sec. <u>3</u> Twn <u>26 N</u> Rng <u>3 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(62) 627-5180</u> | ____ Miles ____ of ____ |

Well / Borehole Data

Date drilling started: 5/25 Date drilling completed: 5/25 Hole depth: 120 Hole diameter: 24

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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: 29 feet above or below (circle one) land surface Date measured: 5/26

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: 16 inches Type of casing: PVC

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

Screen slot size: 1050 inches Setting depth: From 80 feet to 120 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*

RECEIVED
SEP 12 2005
BY: OLWR

RECEIVED
JUL 28 2005
BY: OLWR

RECEIVED
JUN 03 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 #: GW 40247
 Driller: HOUSTON DRILLING
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-97
 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>BOWEN FLOWERS</u> | Latitude: <u>34° 08.77N</u> Longitude: <u>090° 30.12W</u> |
| Mailing Address: <u>FUNICIA MS</u> <u>732 PRIAS POINT Rd</u> <u>ORANGE DALE MS 38614</u> City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____ |
| Telephone No. <u>(601) 627-5180</u> | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: <u>5/26</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2200</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>29</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 **RECEIVED** Paul Powell **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

SEP 12 2005
 BY: OLWR

JUL 28 2005
 BY: OLWR

BY: OLWR