

8326

COAHOMA

County: Quitman  
 Permit #: GW42771  
 Driller: Pete's Well Drilling  
 Date drilling completed: 7-8-08

### Well Driller Report and Well 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-112  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Holdeman Farms</u>	Latitude: <u>34° 07' 00"</u> Longitude: <u>90° 31' 29"</u>
Mailing Address: <u>20 Jones Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 20 Twn 26N Rng 3W</u>
Telephone No. <u>(662) 627-3820</u>	Distance Direction Nearest Town <u>1 Miles S of Clarksdale</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 7-8-08 Date well drilling completed: 7-8-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 29 feet above of below (circle one) land surface Date measured: 7-8-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 0430 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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M-112

Ground Level

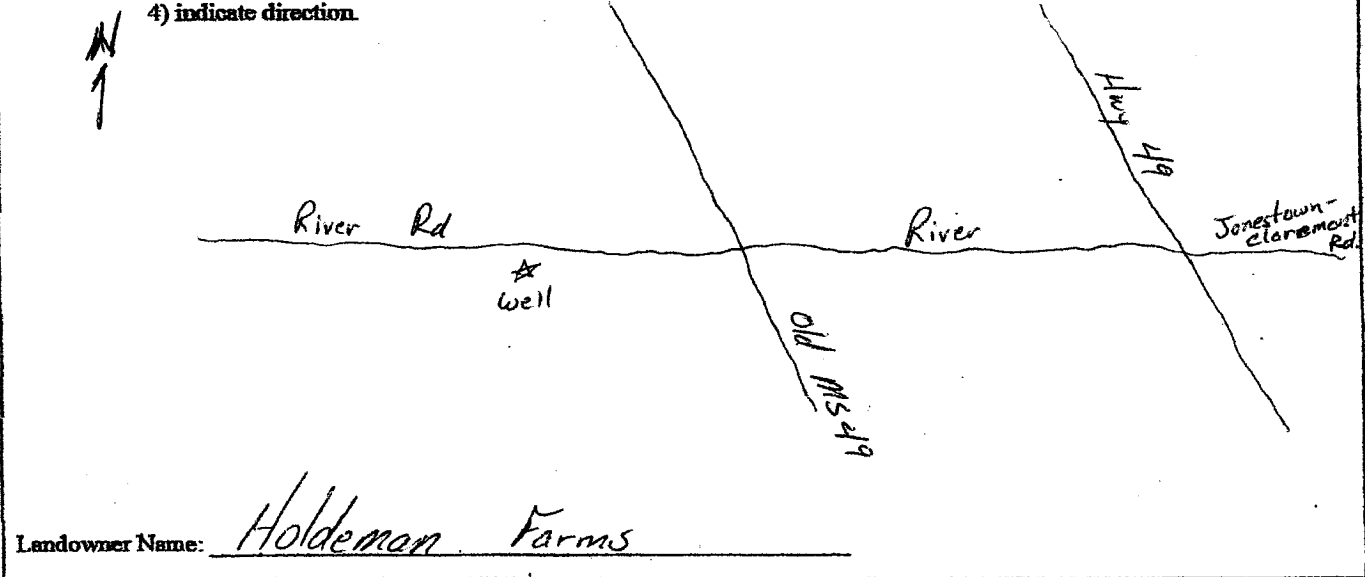
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Mud	0	20
Fine Sand	20	30
Coarse Sand	30	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



*[Handwritten Signature]*  
Signature of Water Well Contractor

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Job 8326

### 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-112

Elevation: \_\_\_\_\_

County: Coahoma

Permit #: \_\_\_\_\_

Driller: Pepe's well drilling

Date completed: 7-8-08

*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

Owner Name: Holdeman Farms

Mailing Address: 20 Jones Rd

Clarksdale MS 39614  
City State Zip Code

Telephone No. 662 627-3820

#### Well Location

Latitude: 34° 07' 00" Longitude: 90° 31' 49"  
34 07 00 30

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_ Hand-held GPS ✓ Survey-grade GPS \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. 20 T. 26N. R. 3W

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest town  
1 Miles S of Clarksdale

#### Pump Type Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-14-08

Rated Pump Capacity: 900 Gallons Per Minute

#### Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 40

Setting Depth: 40 feet

Number of Stages: 1

#### Pump Test Data

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): 29 Feet Below Land Surface  
Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B)-(A)]: \_\_\_\_\_ Feet Below Land Surface  
Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

#### Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

David P. Holt 0-752P  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

Form: OLWR-SWR-1B

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