

County: Cochosoma
Permit #: 42969
Driller: Pete Seppington
Date drilling completed: 11-20-08

NOE **State Well Report**
Part 1 - Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquifer: _____
Well #: M-115
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) Owner Name <u>Richard Noe Farms</u> Mailing Address: <u>P.O. Box 162</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 627-7471</u>		Well or Borehole Location Latitude: <u>38° 8' 18.75"</u> Longitude: <u>90° 28' 22.2"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 11 Twn 26N Rng 21W</u> Distance Direction Nearest Town <u>3</u> Miles <u>ENE</u> of <u>Claremont</u>	
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Well / Borehole Data

Date drilling started: 11-20-08 Date drilling completed: 11-20-08 Hole depth: 100' Hole diameter: 28"

Location of the source of any surface water used for drilling: Ditch South of Well Site

Method of dosing and volume of Chlorine used in drilling and development: Sodium hypochlorite @ 10 ppm

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: 19 feet above or below (circle one) land surface Date measured: 11-20-08

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: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 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 next page*

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Form: OLVWR-SWR-1A (04/08)

42969

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YMD JOINT WATER
MANAGEMENT DISTRICT

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Coahoma
Permit #: GW42169
Driller: Pete Seppington
Date drilling completed: 11-20-08

For Office Use Only:
Aquifer: _____
Well #: M-115
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Richard Noe Farms</u> Mailing Address: <u>P.O. Box 162</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 627-7471</u></p>	<p>34 Well or Borehole Location</p> <p>Latitude: <u>33° 8' 18.75"</u> Longitude: <u>90° 28' 22.21"</u> Method of Lat/Long (circle one): <u>19</u> Conventional Survey, <u>22</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 11</u> Twn <u>26N</u> Rng <u>3W</u> Distance Direction Nearest Town <u>3</u> Miles <u>ENE</u> of <u>Claremont</u></p>
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Well / Borehole Data

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Method of dosing and volume of Chlorine used in drilling and development: Sodium hypochlorite @ 10 ppm

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) _____

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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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M-115

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 

GW42969

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Mud	Ground Level	25
Coarse Sand / Gravel	25	100

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

Sketch:

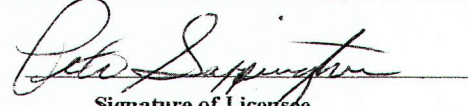


Landowner Name: Richard Noe

Form: OLWR-SWR-1A (04/08)

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

Pete Sappington #0430 12-5-08
Print Name of Responsible Licensee and License No. Date


Signature of Licensee

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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 #: 01042969
 Driller: PETE'S WELL DRILLER
 Date completed: 11-20-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-115
 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>RICHARD NVE FARMS</u>	Latitude: <u>34° 08' 18"</u> Longitude: <u>90° 28' 22"</u>
Mailing Address: <u>P.O. BOX 162</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale, MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>26</u> R <u>3W</u>
Telephone No. <u>(662) 627-7471</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>ENE</u> of <u>Claremont</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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: <u>15</u>
Date Pump Installed: <u>1-14-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</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>19</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.

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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