

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: M139  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: COAHOMA  
Permit #: GW-50246 ✓  
Driller: Chad Mattox  
Date drilling completed: 11/13/17

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Carlisle G. Jones</u>	Latitude: <u>34 08 16</u> Longitude: <u>90 30 59</u>
Mailing Address: <u>370 Jones Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>MS</u> <u>38614</u>	USGS quad _____, Sec <u>09</u> T <u>26N</u> R <u>03W</u>
City State Zip Code	<u>1/2</u> Miles <u>E</u> of <u>LURAND</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 11/13/17 Date drilling completed: 11/13/17 Hole depth: 115' 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: \_\_\_\_\_

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

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

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 12 feet [above or below] land surface Date measured: 11/13/17  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 115' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 60 75 feet to 90 115 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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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BY OLWR

County: COAHAMA  
 Permit #: GW-50246

For Office Use Only:  
 Well #: 1139

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level    

15'	CASING
20	"
20	"
20	"
20	SCREEN
20	"

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	14
MED SAND	14	30
MED SAND & PEA GRAVEL	30	46
COURSE SAND	46	52
MED SAND	52	71
MED SAND & PEA GRAVEL	71	86
MED SAND, PEA GRAVEL, & GRAVEL	86	115

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) north arrow

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 DECEMBER 12 2017  
 BY OWNER

Landowner Name: \_\_\_\_\_

I HEREBY 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.

Chad H. Mattox WR-8243 12/13/17 [Signature]

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: M

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

County: COAHOMA  
Permit #: GW-50246  
Driller: CHAD MATTOX  
Date completed: 11-13-17  
*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.*

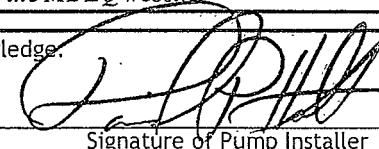
Well Owner Information	Well Location
Owner Name: <u>CARLESLE G. JONES</u>	Latitude: <u>34° 08' 16"</u> Longitude: <u>90° 30' 59"</u>
Mailing Address: <u>370 JONES RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSALA</u> <u>MS</u> <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> 1/4 <u>SW</u> 1/4, Sec <u>09</u> T <u>26N</u> R <u>03W</u>
Telephone No: <u>(662) 624-6528</u>	<u>3/4</u> Miles <u>E</u> of <u>LURADO</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible <input checked="" type="radio"/>	Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>11-21-17</u>	Rated Pump Capacity: <u>2200</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/>	New Repaired Replacement
Power Type (circle one)	
Electric <input checked="" type="radio"/>	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>12</u> 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
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: _____
Meter Model Number/Name: _____	Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement	
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.</i>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>DAVID P. HOLT</u> <u>0-752P</u>	<u>12-11-17</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

17-0826