

County: Coahoma
 Permit #: GW-45771 ✓
 Irrigation Equipment
 Driller:
 Date drilling completed: 12-14-11

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: N 163
 Well #: _____
 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>Brandon Schmidt</u> Mailing Address: <u>3715 Sunflower School Rd.</u> <u>Clarksdale Ms. 38614</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34.01.463</u> Longitude: <u>90.38.05.2</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 20</u> Twn <u>25N</u> Rng <u>4W</u> Distance Direction Nearest Town <u>6</u> Miles <u>E</u> of <u>Duncan</u></p>
--	---

Well / Borehole Data

Date drilling started: 12-14-11 Date drilling completed: 12-14-11 Hole depth: 99 Hole diameter: 18"
 Location of the source of any surface water used for drilling: Surface water
 Method of dosing and volume of Chlorine used in drilling and development: 50 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: Replacement
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 99 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 59 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 60 feet to 99 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*

Old Well 10' West

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

Circle S Irrigation will install pump.

RECEIVED
 DEC 19 2011
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: COALBURN
 Permit #: GW-45771
 Driller: Irrigation Equipment
 Date completed: 12-14-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: N163
 Well #: _____
 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>BRANDON Schmidt</u>	Latitude: <u>34° 01' 46.0</u> Longitude: <u>90° 38' 5.2"</u>
Mailing Address: <u>3715 Sunflower School Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSDALE</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>20</u> T <u>25N</u> R <u>4W</u>
Telephone No. <u>(662) 624-2310</u>	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>NW</u> of <u>Roundaway</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>12-19-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>200</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 Steel Tape
Static Water Level (A): _____ 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.

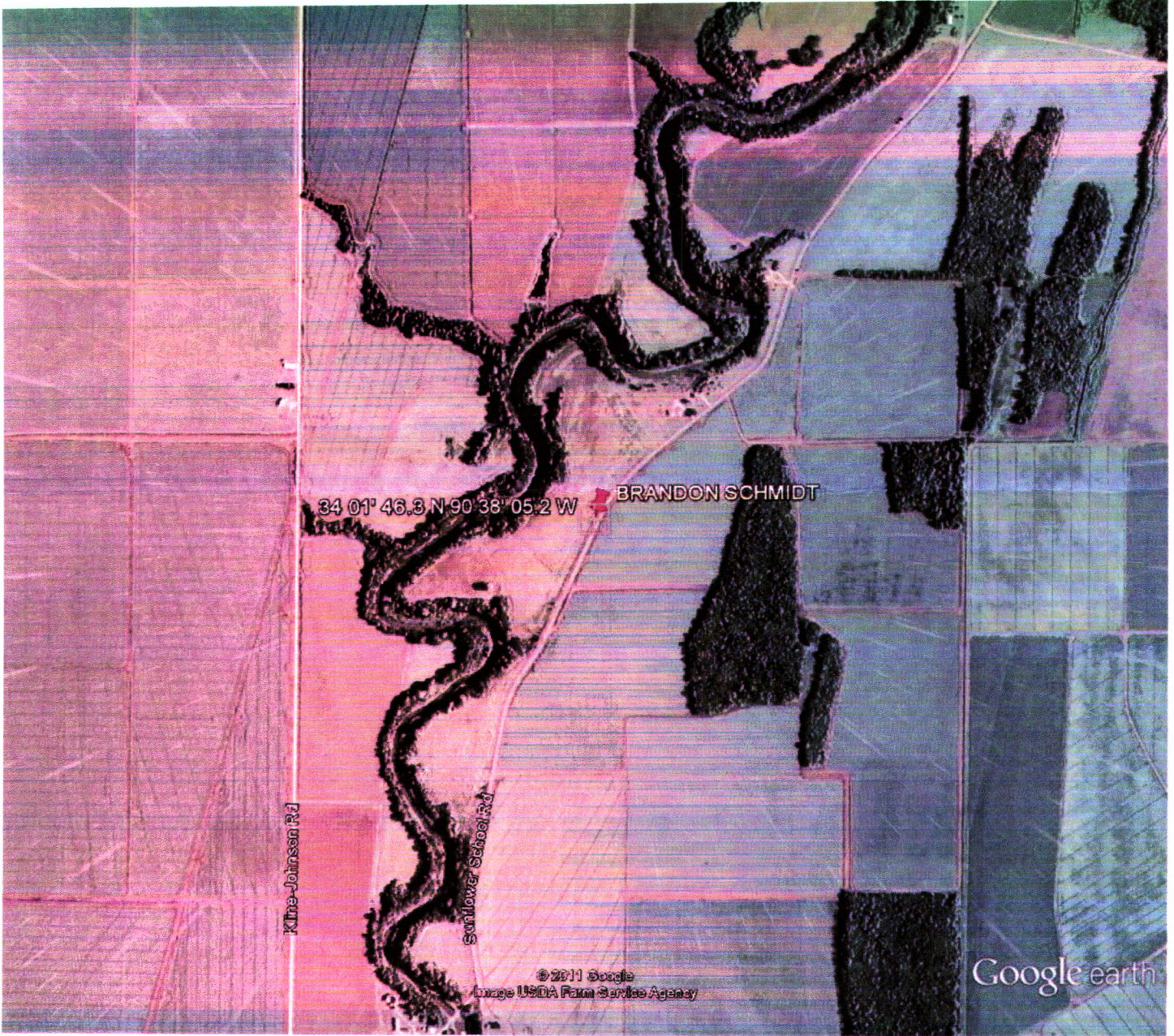
DAVID P. HOLT 0-752P
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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

RECEIVED
 DEC 22 2011
 BY: OLWR

N163



Google earth

feet 4000
 km 1



RECEIVED
 DEC 19 2011
 BY: OLWR