

County: Coahoma
Permit #: GW-46037 /
Driller: Irrigation Equipment
Date drilling completed: 03/07/2012

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 104
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Natures Catch</u>	Latitude: <u>33 ° 59 ' 58 " 56</u> Longitude: <u>90 ° 34 ' 49 "</u>
Mailing Address: <u>1090 Willis Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW</u> <u>NE</u> <u>Sec 35</u> <u>Twn 25N</u> <u>Rng 4W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>7</u> Miles <u>West</u> of <u>Tutwiler</u>

Well / Borehole Data

Date drilling started: 03/07/2012 Date drilling completed: 03/07/2012 Hole depth: 135 Hole diameter: 24"

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 (check 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 flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (check one) land surface Date measured: _____

Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 95 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 96 feet to 135 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): Circle S Irrigation will set pump

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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N164

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground level _____

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	35
Fine Sand	36	45
Medium Sand	46	55
Course Sand	56	75
Course Sand & Gravel	76	135

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) a north arrow.

Landowner Name: Natures Catch

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.

Patrick Chism/Irrigation Equipment 0695
Print Name of Responsible Licensee and License No.

04/02/2012
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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: COAHOMA
 Permit #: GW-46037
 Driller: IRRIGATION EQUIPMENT
 Date completed: 3-7-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: N164
 Well #: _____
 Elevation: _____

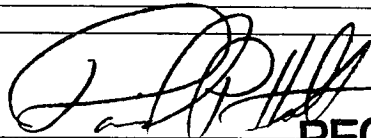
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>NATURE'S Catch</u>	Latitude: <u>33°59.55"</u> Longitude: <u>90°34.49"</u>
Mailing Address: <u>1090 WELLS RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSOAK, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 35 T 25N R 4W</u>
Telephone No. <u>(602) 627-1482</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-11-12</u>	Setting Depth: <u>80</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 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

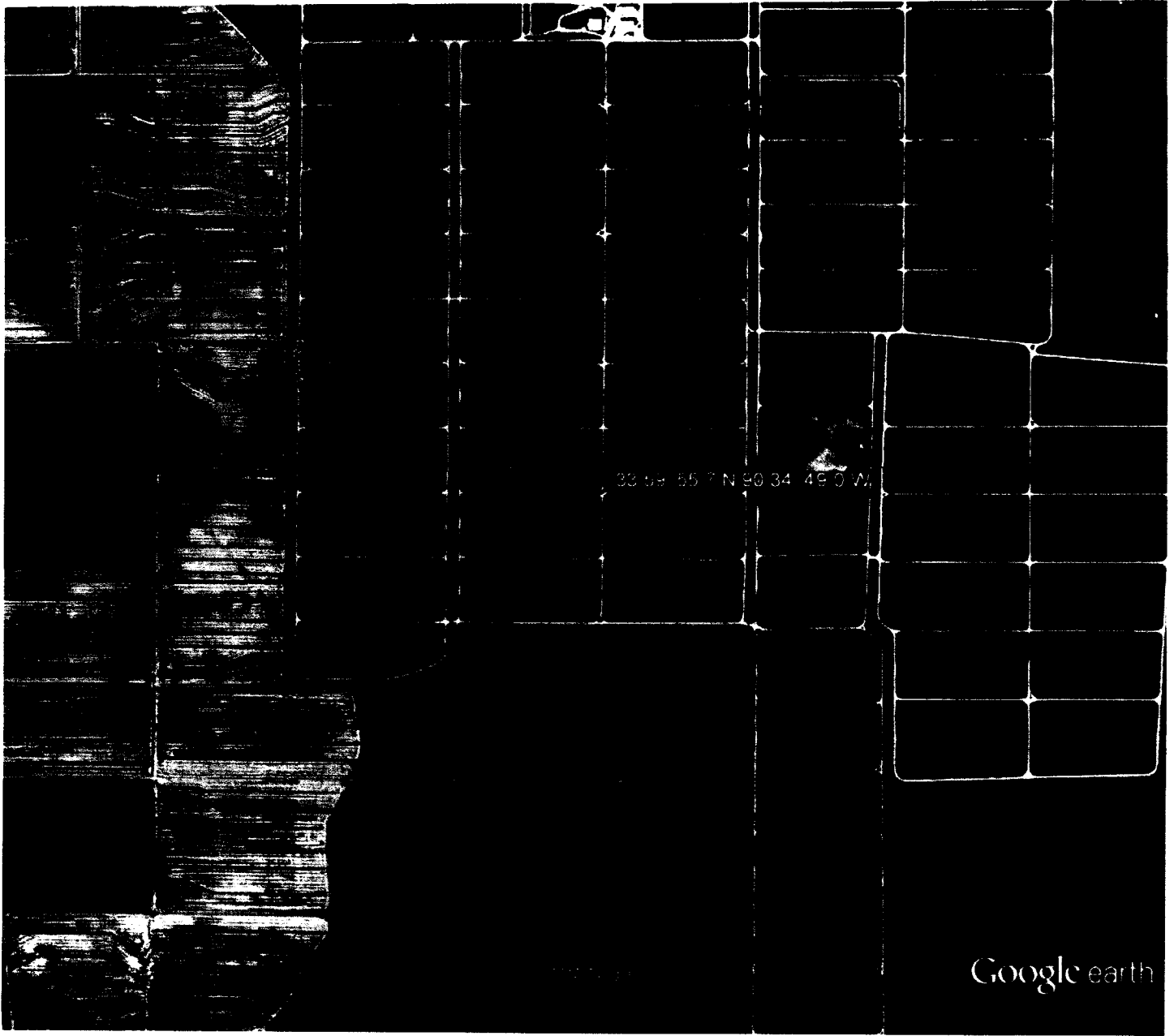
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Form: OLWR-SWR-1B (04/08)

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N164



33 09 55.7 N 90 34 49.0 W

Google earth

Google earth

feet
km



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