

County: Cadoma  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date drilling completed: 9-29-12

**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: \_\_\_\_\_  
 Well #: N168  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: _____	Latitude: <u>34° 00' 51" N</u> Longitude: <u>090° 34' 28" W</u>
Mailing Address: <u>Nature's Catch</u>	Method of Lat/Long (circle one): Conventional Survey, <u>30</u>
<u>1090 Willis Rd.</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale MS 38614</u>	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>26</u> Twn <u>25 N</u> Rng <u>3 W</u>
City State Zip Code	Distance <u>14.8</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>
Telephone No. <u>662 627-1489</u>	

**Well / Borehole Data**

Date drilling started: 9-29-12 Date drilling completed: 9-29-12 Hole depth: 120' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: 0

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: Filling Tanks

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 9-29-12

Method of Measurement (circle one) steel tape electric tape air line other: water level Reader

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 016 inches Setting depth: From 80 feet to 120 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: 0 feet. *If telescoped or more than one screen, describe on next page*

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

**RECEIVED**  
 OCT 29 2012  
 BY: OLWR

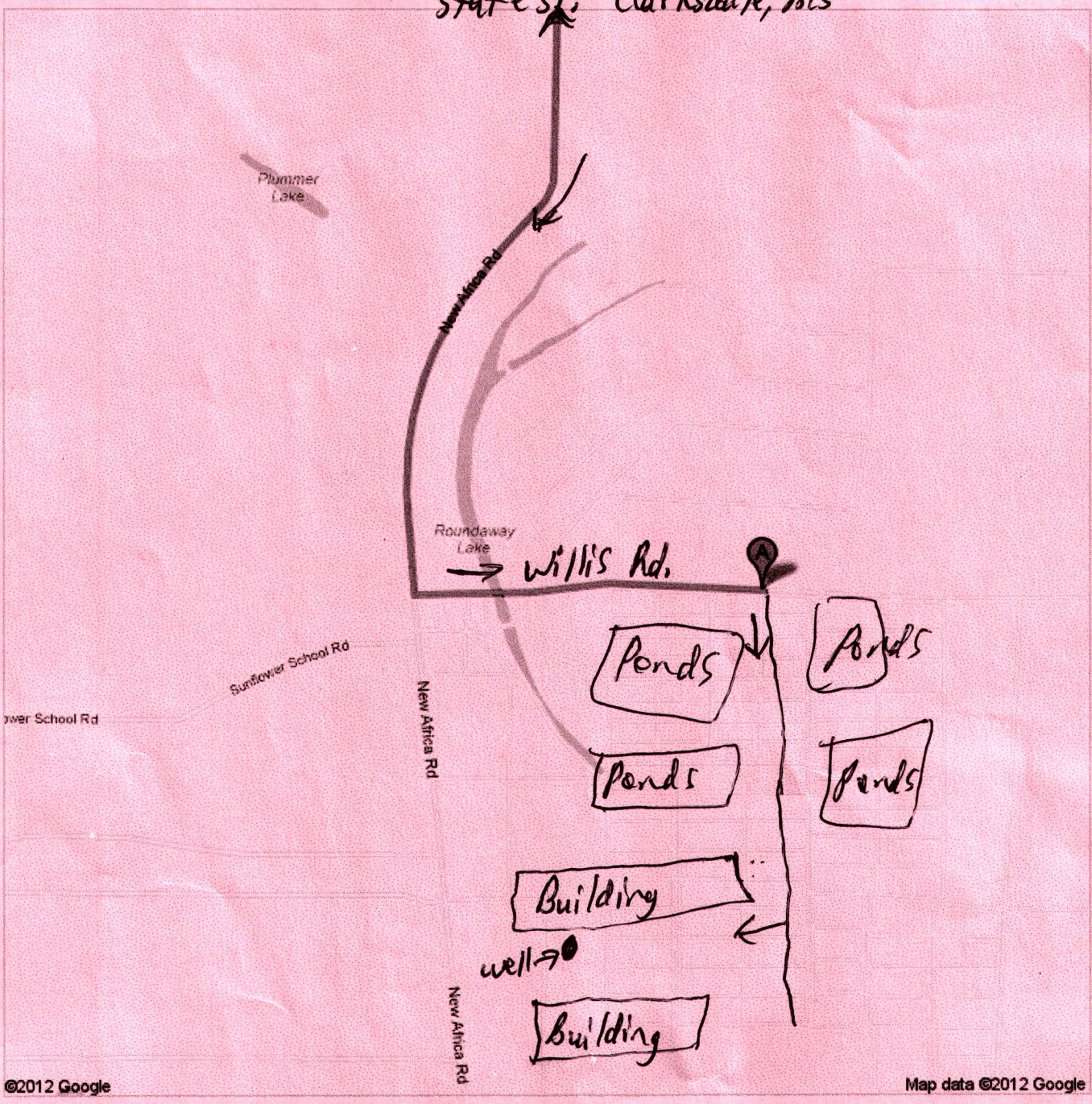


N168

Google

Directions to Clarksdale, MS  
14.8 mi - about 30 mins

State St. - Clarksdale, MS



RECEIVED  
 OCT 29 2012  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N168  
 Elevation: \_\_\_\_\_

County: Coahoma

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

Driller: Willie Bryant

Date completed: 9-29-12

*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: _____	Latitude: <u>34° 00.51' N</u> Longitude: <u>090° 34.78' W</u>
Mailing Address: <u>Nature's Catch</u> <u>1090 Willis Rd.</u> <u>Clarksdale MS 38614</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>26</u> T <u>25N</u> R <u>3W</u>
Telephone No. <u>(662) 627-1482</u>	Distance <u>14.8</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-29-12</u>	Setting Depth: <u>73</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-29-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): <u>Sonic Water Level Reader</u>
Pumping Water Level (B): <u>39</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>126</u> GPM with a drawdown of _____
Test Pumping Rate: <u>126</u> Gallons Per Minute	<u>7</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): **New Well**  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Willie L. Bryant 0-639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form: OLWR-SWR-1C (07-09)

RECEIVED  
 OCT 29 2012  
 BY: OLWR