

County: Coahoma  
 Permit #: GW-46670 ✓  
 Driller: Irrigation Equipment  
 Date drilling completed: 04/25/2013

**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 #: N 169  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>J.D. Dulaney</u>   | Latitude: <u>34 ° 01 ' 26 "</u> Longitude: <u>90 ° 34 ' 07 "</u>   |
| Mailing Address: <u>6933 Sunflower School Road</u>                                  | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <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>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>24</u> ✓ Twn <u>25 N</u> ✓ Rng <u>4 W</u> ✓   |
| Telephone No. ( ) -   | Distance Direction Nearest Town  |
|   | <u>6</u> Miles <u>Northwest</u> of <u>Rome</u>   |

**Well / Borehole Data**

Date drilling started: 04/25/2013 Date drilling completed: 04/25/2013 Hole depth: 125 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) Replaces GW41367  
*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: Repl GW-41367

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

Static Water Level: 49 feet above or below (check one)  land  surface Date measured: 04/26/2013

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

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

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050/.032 inches Setting depth: From Sec 75 feet to Back 125 feet

Type of completion (check 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: OLR-1 (Rev. 10/01)

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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-46670  
Driller: Irrigation Equipment  
Date drilling completed: 04/25/2013  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N1169  
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.*

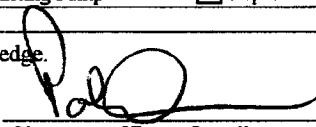
| Well Owner Information                             | Well Location  |
|--|--|
| Owner Name: <u>J.D. Dulaney</u>                    | Latitude: <u>34 01' 26.9 N</u> Longitude: <u>90 34' 07.8 W</u>   |
| Mailing Address: <u>6933 Sunflower School Road</u> | Method of Lat/Long (check one): <input type="checkbox"/> 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>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>24</u> T <u>25 N</u> R <u>4 W</u>   |
| Telephone No. ( ) -                                | Distance Direction Nearest Town  |
|  | <u>6</u> Miles <u>Northwest</u> of <u>Rome</u>   |

| Pump Type<br>Check one   | Power Type<br>Check one  |
|--|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible<br><input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO<br><input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____   | Horse Power Rating of Motor: <u>60</u>   |
| Date Pump Installed: <u>04/26/2013</u>   | Setting Depth: <u>80</u> feet  |
| Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute  | Number of Stages: <u>1</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Check one   |
|--|--|
| Date Well Tested: _____                                | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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   |  |

This is for (check 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.

Patrick Chism      0695        
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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