

NO #

State Well Department

Part I - 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)

County Coahoma  
Permit #: MS GW 48599  
Driller: TEDDY COATS  
Date drilling completed: 10/14/14

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N175  
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>34° 00' 32"</u> Longitude: <u>90° 34' 21"</u>
Mailing Address: <u>Natures Catch</u> <u>1090 Willis Road</u> <u>Clarksdale MS 38614</u> City State Zip Code	Method of Lat/long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
Telephone No. ( )	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 25 Twn 25 N Rng 04 W</u>
	Distance: <u>21</u> Miles <u>SE</u> of <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 10/14/14 Date drilling completed: 10/14/14 Hole depth: 117 Hole diameter: 28

Location of the source of any surface water used for drilling: old well

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 (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: \_\_\_\_\_

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10/14/14

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.55 inches Setting depth: From 0 feet to 90 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*

Form: OLWR-1000-10/09  
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OCT 23 2014  
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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: N175

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

County: Coahoma  
 Permit #: 48599  
 Driller: Ted Cobb  
 Date completed: 10-14-14  
*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>Nature's Catch</u>	Latitude: <u>34-00-32</u> Longitude: <u>90-34-21</u>
Mailing Address: <u>1090 Willis Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	<u>SW 1/4 NW 1/4, Sec 25 T 25N R 04W</u>
City State Zip Code	<u>21</u> Miles <u>SE</u> of <u>Clarksdale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 10-14-14 Rated Pump Capacity: 2,000 Gallons Per Minute

Is This Pump (circle one): New Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 90 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-15-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 58 Feet Below Land Surface Pumping Water Level (B): 70 Feet Below Land Surface

Drawdown [(B) - (A)]: 12 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: 2,000 feet.

Well yielded 2,000 GPM with a drawdown of 12 feet after 8 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

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**BY: DLWR**

*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 HEREBY CERTIFY that the above statements are true to the best of my knowledge.

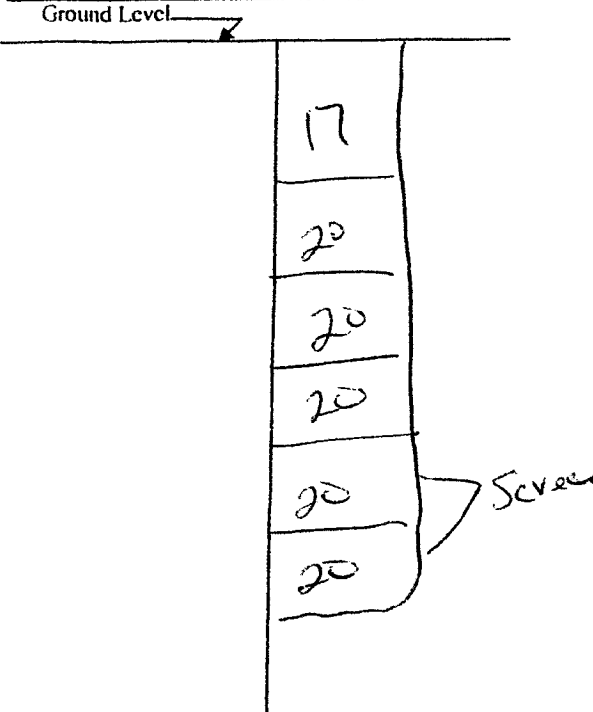
TEDDY COBB #5318 10/14/14 Arcely Cobb

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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 with screens, unless specifically exempted by regulation.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	ft
Dirt	10	20
Clay	20	40
Coarse Sandstone	40	60
Clay	60	80
Gravel	80	100
Shale - Rocky Brown	100	117

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: Mathers 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.

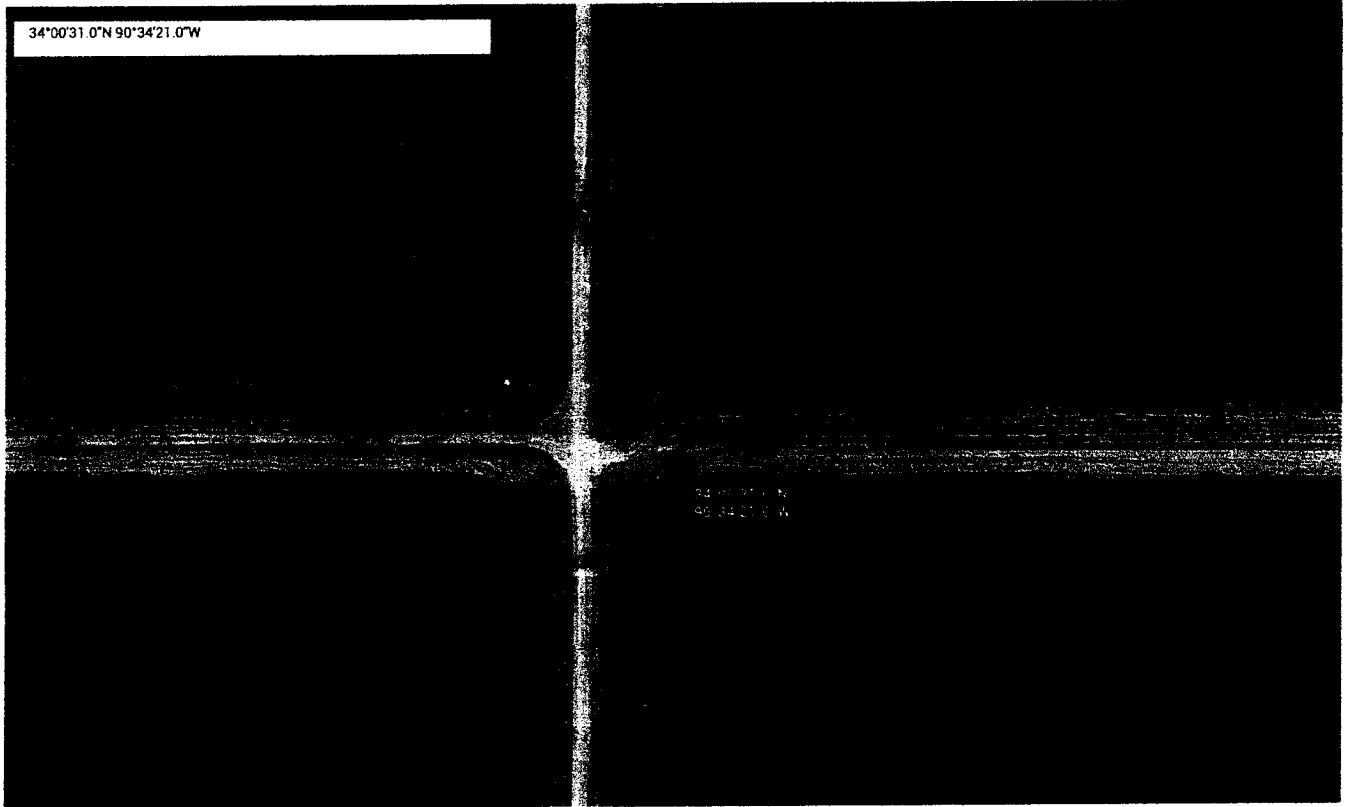
TEDDY COOKS # 5318      10/14/14  
 Print Name of Responsible Licensee and License No.      Date

Teddy Cooks      **RECEIVED**  
 Signature of Licensee      OCT 23 2014

BY: OLWR

Redrill

N175



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