

# State Well Report

## 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N 176  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: GW-48521  
Driller: TEDDY ROBERTS  
Date drilling completed: 12-2-14

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 Patch</u>	Latitude: <u>33° 59' 33"</u> Longitude: <u>90° 35' 06"</u>
Mailing Address: <u>1090 Willis Road</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale MS 38614</u>	<u>NE 1/4 SW 1/4 Sec 35 Twn 25N Rng 04W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>2 Miles SE of Clarksdale</u>

### Well / Borehole Data

Date drilling started: 12-2-14 Date drilling completed: 12-2-14 Hole depth: BD Hole diameter: 28

Location of the source of any surface water used for drilling: nearest 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: 20 feet above or below (circle one) land surface Date measured: 12-2-14

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

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: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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/SAR/1A (04/08)

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BY: [Signature]

# 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)

County: Coahoma  
 Permit #: GP-48521  
 Driller: TEDDY COATS  
 Date completed: 12-2-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: N 176  
 Aquifer: \_\_\_\_\_

*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>Nutcracker Catch</u>	Latitude: <u>33 59 33</u> Longitude: <u>90 35 06</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> MS, <u>38614</u>	<u>N-E</u> ¼ <u>SW</u> ¼, Sec <u>35</u> T. <u>25N</u> R. <u>04W</u>
City State Zip Code	<u>2</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: 12-2-14 Rated Pump Capacity: 2.200 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: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-2-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 2.200 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: \_\_\_\_\_ feet.

Well yielded 20 GPM with a drawdown of \_\_\_\_\_ 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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*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 COATS 5318 12-2-14 Teddy Coats

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

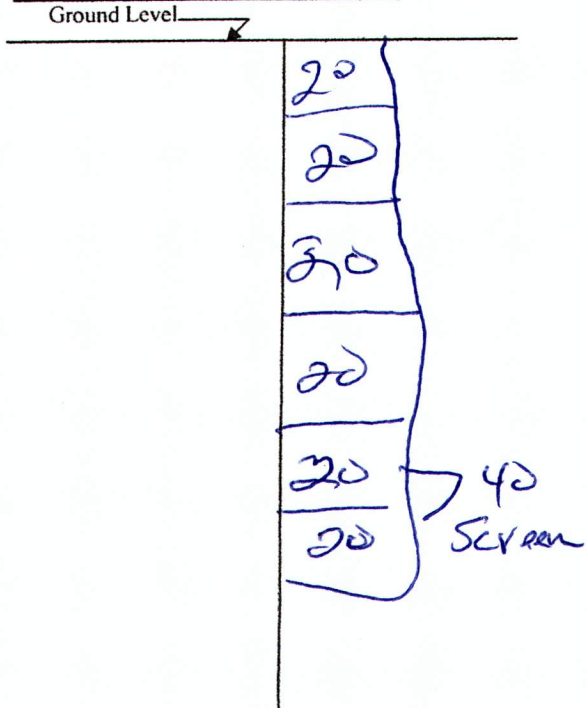
Form: OLWR-SWR-1B (4/13)



J 176

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	20
Dirt	20	40
Clay	40	60
Coarse sand	60	80
(silt)	80	100
(clay)	100	120

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.

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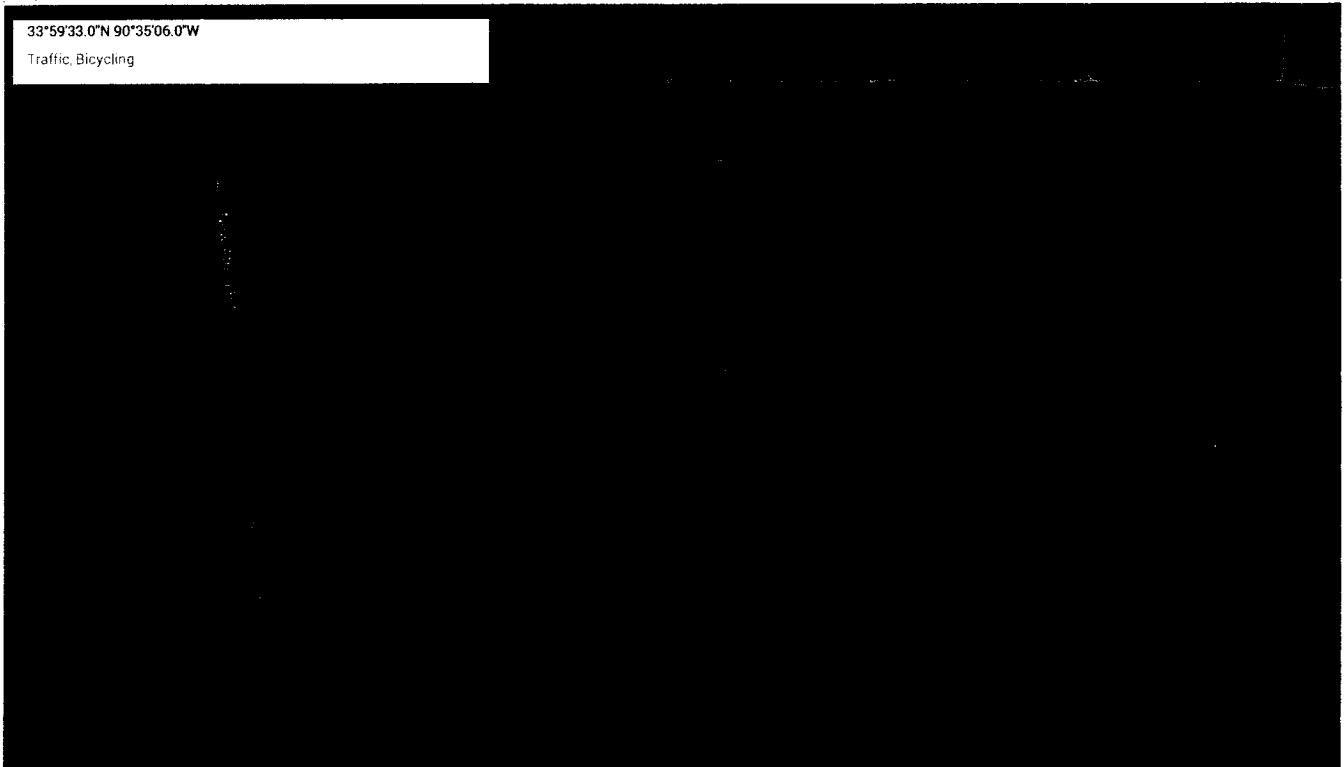
Landowner Name: Not used Catch

Form: OI.WR-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.

Jeddy Coates 5318      12-2-14  
Print Name of Responsible Licensee and License No.      Date

Jeddy Coates  
Signature of Licensee



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