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COAHOMA

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: Φ-90
L. S. Elevation: _____
E-log #: _____

County: ~~TALAHATCHIE~~
Permit #: 6W 40426
Driller: HOUSTON DRILLING
Date drilling completed: 10/21/05

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>BOWEN FLOWERS</u></p> <p>Mailing Address: <u>PO BOX 39</u> <u>TUNICA MS 38676</u></p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone No. (<u>662</u>) <u>363-1121</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 00' 41" N</u> Longitude: <u>090° 27' 64" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p>USGS quad, _____</p> <p>_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____</p> <p>Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 10/20 Date drilling completed: 10/20 Hole depth: 123 Hole diameter: 24

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

Method of dosing and volume of Chlorine used in drilling and development: 125 per 1000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic None

Name of organization running log(s): NOV 14 2005

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) YMD JOINT WATER MANAGEMENT DISTRICT

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: 31 feet above or below (circle one) land surface Date measured: 10/21

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1030 inches Setting depth: From 83 feet to 123 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*

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County: Tallahatchie
 Permit #: 6W 40426
 Driller: HOUSTON DRILLING
 Date drilling completed: 10/20/05

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
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For Office Use Only:
 Aquifer: _____
 Well #: Q-90
 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>BOWEN FLOWERS</u>	Latitude: <u>34° 00' 41" N</u> Longitude: <u>090° 27' 64" W</u>
Mailing Address: <u>PO BOX 39</u> <u>TUNICA MS 38676</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>25N</u> Rng <u>3W</u>
Telephone No. (<u>662</u>) <u>363-1121</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 10/20 Date drilling completed: 10/20 Hole depth: 123 Hole diameter: 24

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

Method of dosing and volume of Chlorine used in drilling and development: 12B per 1000

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: 31 feet above or below (circle one) land surface Date measured: 10/21

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1030 inches Setting depth: From 83 feet to 123 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*

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 BY: OLWR

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STATE WELL REPORT

Part 2

County: ~~TALAPA~~ Leone
 Permit #: _____
 Driller: HOUSTON DRILLING
 Date completed: 10/20/05
Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Q-90
 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>BOWEN FLOWERS</u>	Latitude: <u>34° 00' 41" N</u> Longitude: <u>090° 27' 64" W</u>
Mailing Address: <u>PO BOX 39</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>TUNICA MS</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>38676</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 363-1121</u>	_____ 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: _____
Date Pump Installed: <u>10/21/05</u>	Setting Depth: <u>70</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 <u>Steel Tape</u>
Static Water Level (A): <u>31</u> 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	

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

PAUL POWELL _____
 Print Name of Pump Installer and License No. (if applicable)

Paul Powell _____
 Signature of Pump Installer

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 BY: OLWR