

# State Well Report

## Part I

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-108  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: \_\_\_\_\_  
Driller: Willie L. Bryant  
Date drilling completed: 6-8-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bowen Flowers</u>	Latitude: <u>34.03.25N</u> Longitude: <u>090.32.33W</u>
Mailing Address: <u>Matagorda Plantations</u> <u>P.O. Box 38</u> <u>Tunica MS 38676</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>25N</u> Rng <u>3W</u>
Telephone No. <u>(662) 902-0624</u>	Distance <u>10 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>Clar Ksdale</u> <u>Lee Place Rd.</u>
<b>Well Data</b>	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Farm</u>	
Date well drilling started: <u>6-8-08</u> Date well drilling completed: <u>6-8-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>33'</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>6-8-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope &amp; weight</u>	
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>12</u> feet	
Type of grout (circle one): Cement <u>(Bentonite)</u> Mix	
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>013</u> inches Setting depth: From <u>90</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>0</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>Willie L. Bryant</u> <u>0-639</u> Print Name of Water Well Contractor and License No.	<u>Willie L. Bryant</u> Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

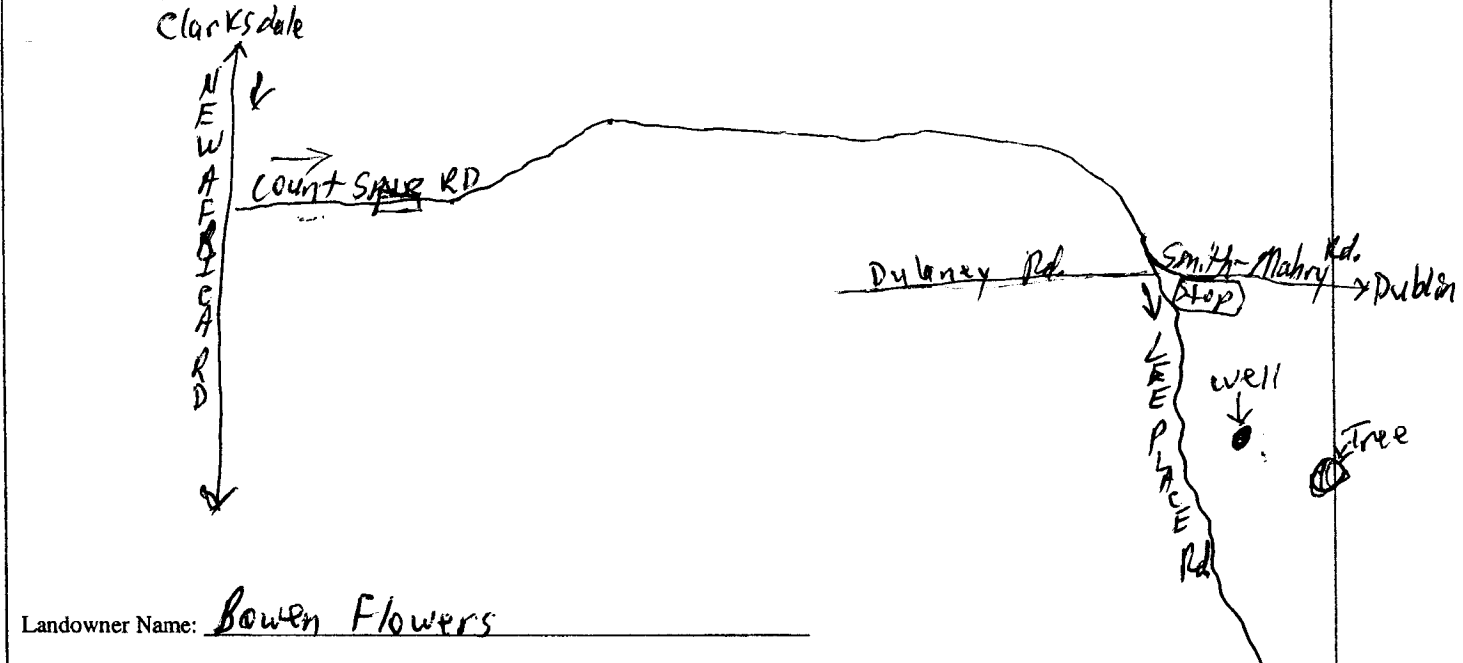
Q-108

Ground Level


Description of Formations Encountered	From	To
Clay	0	20
Clay	20	40
Clay + Fine sand	40	60
Fine + Med sand	60	80
Coarse sand	80	100
Coarse sand + gravel	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) indicate direction.



Wilke T. Bryant  
Signature of Water Well Contractor

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

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

Well #: Q-108

Elevation: \_\_\_\_\_

County: Cochema

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

Driller: Willie L. Bryant

Date completed: 6-21-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Bowen Flowers</u>	Latitude: <u>34° 03.25 N</u> Longitude: <u>090° 32.33 W</u>
Mailing Address: <u>Matagorda Plantations</u> <u>P.O. Box 38</u> <u>Tunica MS 38676</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ____ ¼ ____ ¼ Sec <u>8</u> Twn <u>25N</u> Rng <u>3 W</u>
Telephone No. <u>(662) 902-0624</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>S</u> of <u>Clarksdale</u> <u>Lee Place Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6-8-08</u>	Setting Depth: <u>60</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>6-21-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>33</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; weight</u>
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>2</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Willie L. Bryant 0-639  
Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant  
Signature of Pump Installer

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