

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: 0160
 Aquifer: _____
 E-Log #: _____

County: Coahoma
 Permit #: MS-GW-49521
 Driller: Tommy Beacock Sr
 Date drilling completed: 5-18-16

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.

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Evitt Farms</u>		Latitude: <u>N 34° 00' 28"</u> Longitude: <u>W 90° 32' 20"</u>	
Mailing Address: <u>5073 Willis Rd.</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Tutwiler</u> City	<u>MS</u> State	<u>38963</u> Zip Code	<u>NW 1/4 NE 1/4, Sec 35</u> T <u>25N</u> R <u>04W</u>
Telephone No. () _____		<u>7</u> Miles <u>S</u> of <u>Clarksdale</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 5-18-16 Date drilling completed: 5-18-16 Hole depth: 108' Hole diameter: 24"

Location of the source of any surface water used for drilling: nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: when filling pit

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): replacing GW 49521

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

Static Water Level: 34' feet [above or below] land surface Date measured: 5-18-16
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 108' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1-0.72 1-0.50 inches Setting depth: From 68 feet to 108 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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

Received

JUN 14 2016

Form: OI WR-SWR-1A (4/13)

By OLWR

Received

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 JUN 16 2016

Well #: By OLWR

Aquifer:

County: COAHOMA
Permit #: GW-49521
Driller: TOMMY PEACOCK SR
Date completed: 5-18-16
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: Owner Name: GERDON FARMS, Mailing Address: 5073 WELLES RD, TUTWILER MS 38963, Telephone No. 662 624-8668
Well Location: Latitude: 34.00.28", Longitude: 90.32.20", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4, Sec 30 T 25N R 03W, 3.3 Miles E of ROUNDWAY

Pump Type (circle one): Submersible Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):
Date Pump Installed: 5-21-16, Rated Pump Capacity: 3000 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: 80, Setting Depth: 70 feet, Number of Stages: 1

Pump Test Data for Non Flowing Well: Date Well Tested: , Duration of Pump Test (minimum 4 hours): hours
Static Water Level (A): 34 Feet Below Land Surface, Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: 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: feet.
Well yielded GPM with a drawdown of feet after 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
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.
DAVID P. HOLT 0-752P 6-13-16 Signature of Pump Installer

16 0070