

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 #: E84
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: BW-49444
Driller: TEODY COATS
Date drilling completed: 5/16/16

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Twin Lakes LLC</u>	Latitude: <u>34° 26' 16"</u> Longitude: <u>90° 16' 22"</u>
Mailing Address: _____ <u>P.O. Box 428</u> <u>Clarksdale MS 38614</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ^{NW} <u>1/4</u> <u>NW</u> ^{1/4} Sec <u>02</u> Twn <u>28N</u> Rng <u>01W</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of Nearest Town <u>Darlin</u>

Well / Borehole Data

Date drilling started: 5/16/16 Date drilling completed: 5/16/16 Hole depth: 101 Hole diameter: 21

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: 14 feet above or below (circle one) land surface Date measured: 5/16/16

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

Well depth: 101 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 61 feet Casing diameter: 10 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C

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-SWR-A (12/18)

Received

JUL 07 2016

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)

County: QUITMAN
 Permit #: GW-49444
 Driller: JOLTED WELL SERVICES
 Date completed: 5-16-16
Copy information from block on Part 1

For Office Use Only:

Well #: _____
 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>RALPH CHAPMAN FARMS</u>	Latitude: <u>34° 20' 05"</u> Longitude: <u>90° 16' 20"</u>
Mailing Address: <u>P.O. BOX 428</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE</u> <u>MS</u> <u>38614</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>02</u> T <u>28N</u> R <u>01W</u>
City State Zip Code	<u>1.6</u> Miles <u>S</u> of <u>DARLING</u>
Telephone No. <u>(662) 627-4105</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-20-16 Rated Pump Capacity: 850 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: 15 Setting Depth: 60 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): 14 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: _____

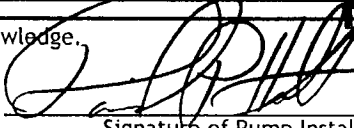
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 7-5-16  JUL 08 2016

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

Form: OLWR-EP-11B (4/13)
By OLWR
 16-0246