

Quitman

State Well Report
Part I - Driller's Log

County: Quitman
 Permit #: GW-49259
 Driller: TEDDY Coats
 Date drilling completed: 4-22-16

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 #: G157
 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>Bellview Planting Co</u>	Latitude: <u>34° 10' 48"</u> Longitude: <u>90° 26' 00"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>P.O. Box 604</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Clarksdale MS 38614</u>	<u>NW 1/4 SW 1/4 Sec 29 Twn 27N Rng 02W</u>
City State Zip Code	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Hyon</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 4-22-16 Date drilling completed: 4-22-16 Hole depth: 106 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: 4-22-16

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

Well depth: 106 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 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-1A (04/08)

Received

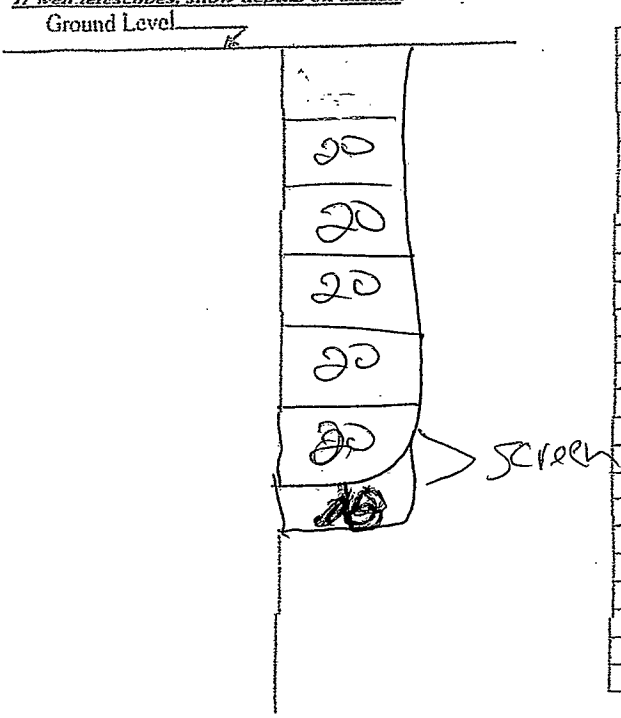
MAY 04 2016

By OLWR

The sketch below only required for water wells

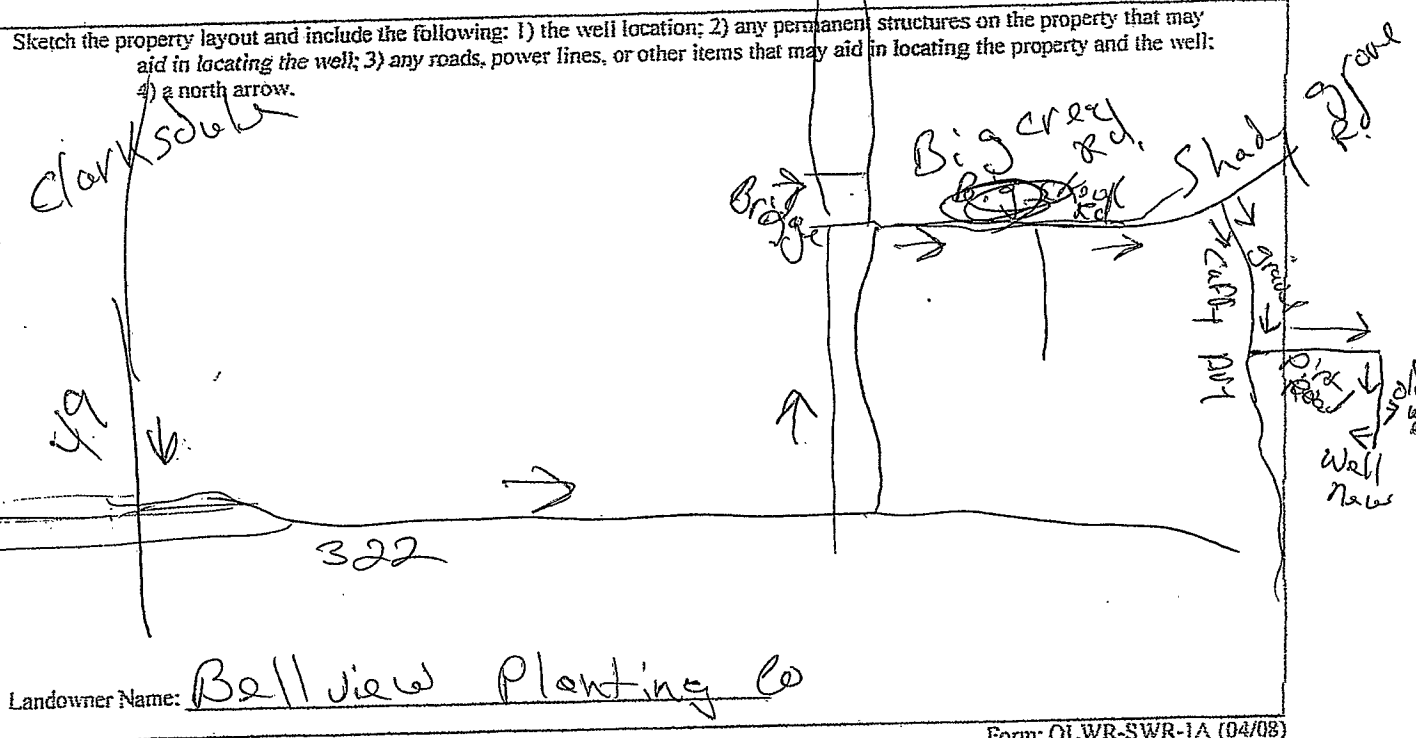
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Drift	Ground Level	20
Clay	20	40
Fine Sand	40	60
Finer & finer	60	80
Coars. Sand	80	100
Gravel	100	120

If more than one screen, show location of each on sketch



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.

Print Name of Responsible Licensee and License No. Tubby Coats #5318 Date 4-22-16

Signature of Licensee Jeddy Coats

Received

MAY 04 2016

By OLWR

Quitman

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:

Well #: 6157
Aquifer: _____

County: COAHOMA
Permit #: GW-49259
Driller: TEODY COATS
Date completed: 4-22-16
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			Well Location		
Owner Name: <u>BELLVIEW PLTG CO</u>	Latitude: <u>34° 10.48"</u>		Longitude: <u>90° 26' 00"</u>		
Mailing Address: <u>P.O. BOX 604</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>CLARKSDALE</u> <u>MS</u> <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____				
City State Zip Code	<u>1/4</u> <u>SW</u> <u>1/4</u> , Sec <u>29</u> T <u>27N</u> R <u>02W</u>				
Telephone No. <u>662-624-5644</u>	_____ Miles of _____		(Distance)		(Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-23-16 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement EXISTING

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ Setting Depth: 60 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 20 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 4-27-16 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received
MAY 02 2016

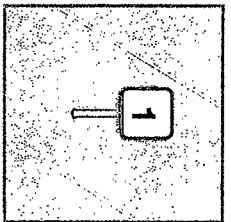
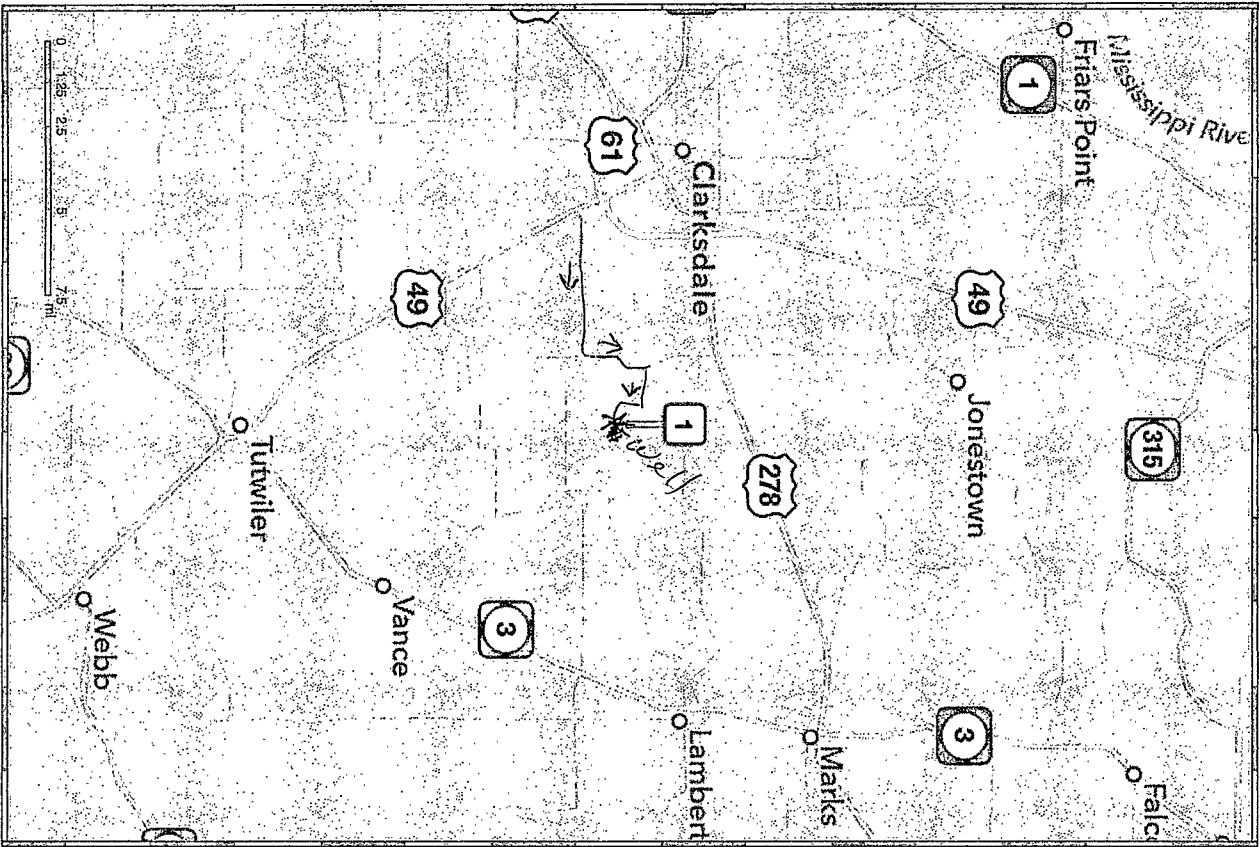
Form: OLWR-SWR-1B (4/13)

By OLWR

G 157



34 10 48 n 90 26 00 w
near Lyon



Lyon, MS 38645
Lyon, MS 38645
United States

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MAY 04 2016

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