

# 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)

County: Oultman  
Permit #: MS. GW-50458  
Driller: TEppy Coats  
Date drilling completed: 11/27/18

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H162  
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>Matt McElendon</u>	Latitude: <u>34° 10' 43"</u> Longitude: <u>90° 18' 4"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>709 South 18th</u>	USGS quad: <u>(Hand-held GPS)</u> , Survey-grade GPS _____
<u>Oxford MS 38655</u>	<u>SW 1/4 SE 1/4 Sec 28 Twn 27N Rng 01W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction: <u>South</u> of Nearest Town: <u>Lambert</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 11/27/18 Date drilling completed: 11/27/18 Hole depth: 101 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 of below (circle one) land surface Date measured: 11/27/18

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: \_\_\_\_\_ feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC

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*

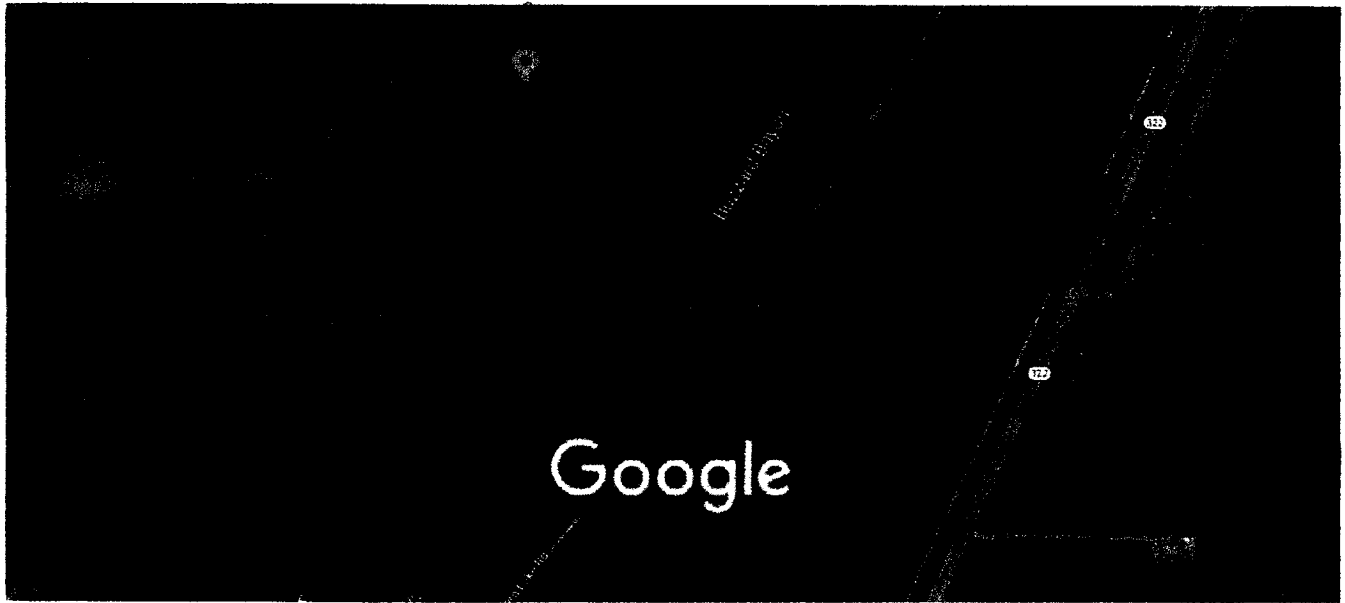
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BY OLWR

H162

Google Maps

34°10'43.0"N 90°  
18'04.0"W



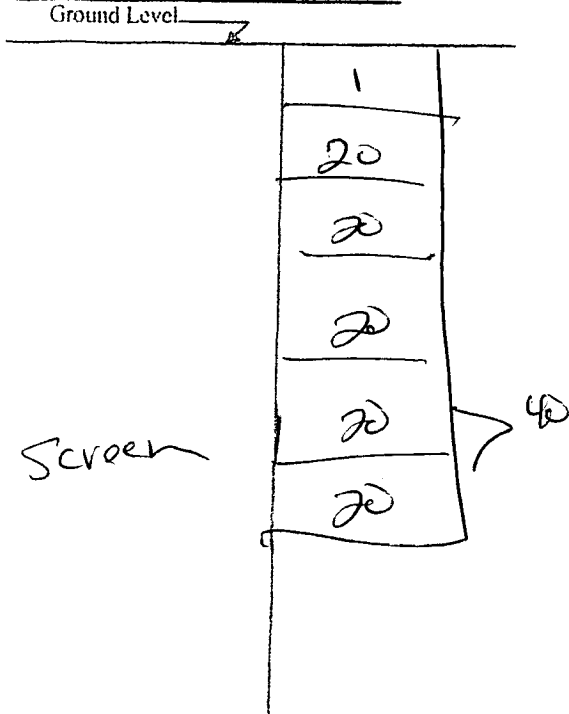
Imagery ©2018 DigitalGlobe, State of Arkansas, 200 ft  
USDA Farm Service Agency, Map data ©2018  
Google

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*Quitman County*

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	20
Dirt	20	40
Flint Sand	40	60
Coars Sand	60	80
Coars Sand - Gravel	80	101

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) a north arrow.

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Landowner Name: Matt MacLendon

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. TERRY COATS # 5318 Date 11/27/18

Signature of Licensee Terry Coats

# 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Quitman  
 Permit #: MS-66-50458  
 Driller: TEDDY COATS  
 Date completed: 11/27/18  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H162  
 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>Matt McClendon</u>	Latitude: <u>34° 43'</u> Longitude: <u>90° 18' 4"</u>
Mailing Address: _____ <u>709 South 18th Street</u> <u>Oxford MS 38655</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>SW 1/4 SE 1/4 Sec 28 T27N R 01W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1 Miles South of Humbert</u>

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: <u>20</u>
Date Pump Installed: <u>11/27/18</u>	Setting Depth: <u>0-50</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>3 stages</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/27/18</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1000</u> Gallons Per Minute	
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.

TEDDY COATS # 5218 Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer