

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: Quitman
Permit #: MS. CW 49604
Driller: TEODY COATS
Date drilling completed: 12-2-16

For Office Use Only:
Aquifer: _____
Well #: L89
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>JOHN CORBIN</u> Mailing Address: <u>8467 Highway 315</u> <u>Sardis MS 38666</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 8' 29" N</u> Longitude: <u>90° 20' 23" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 07 Twn 26 N Rng 01 W</u> Distance <u>7.0</u> Miles Direction <u>NE</u> of Nearest Town <u>Lumbert</u></p>
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Well / Borehole Data

Date drilling started: 12-2-16 Date drilling completed: 12-2-16 Hole depth: 102 Hole diameter: 24

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: 12-2-16

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

Well depth: 102 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 102 feet Casing diameter: 10 inches Type of casing: P.U.C

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

Screen slot size: 1.50 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*

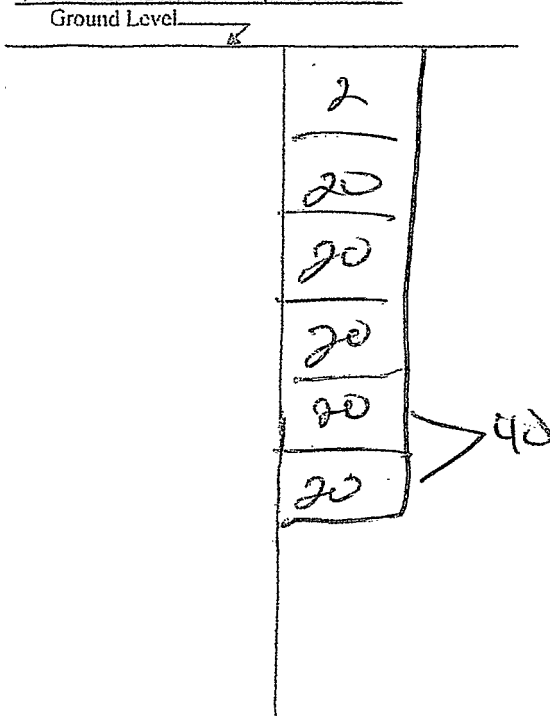
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

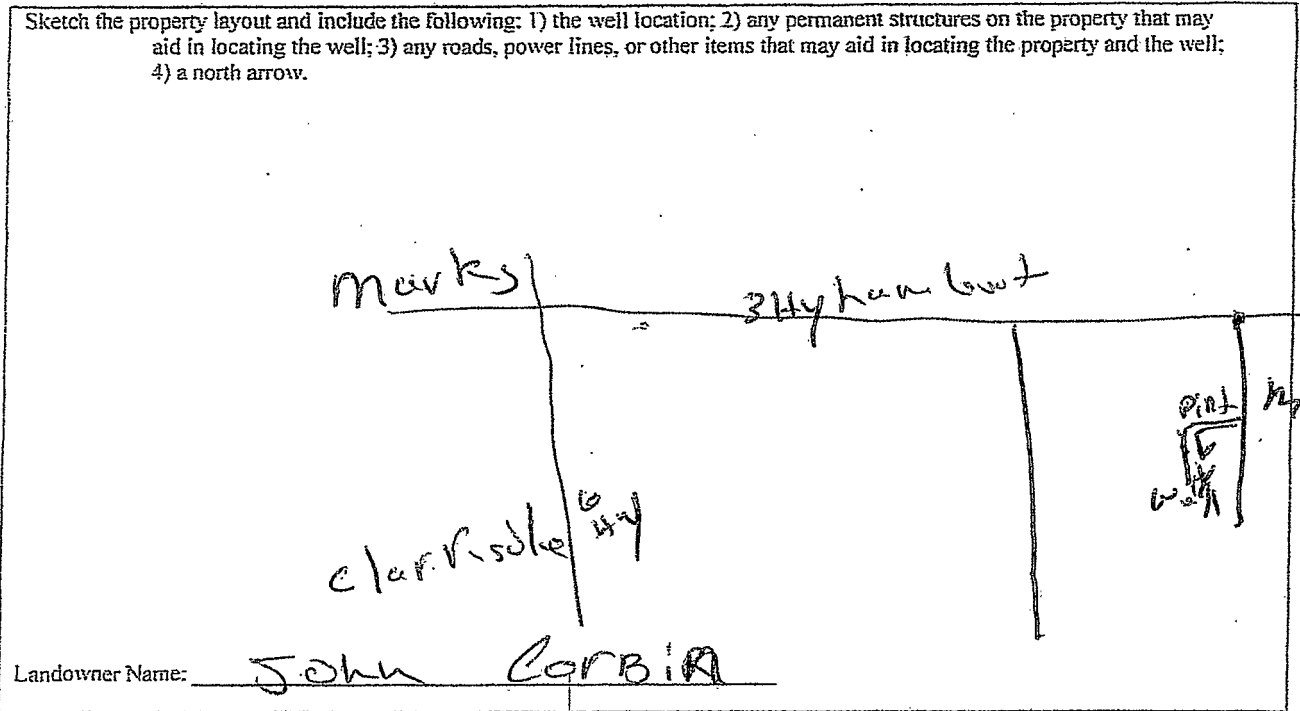
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
PIPT	Ground Level	0
DIPT	20	20
Lower Set Sand	40	40
Lower Sand	60	60
CONCRETE	80	80
GRAVEL	100	102

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.

TEDDY COLE #5318
 Print Name of Responsible Licensee and License No.

12-2-16
 Date

Teddy Cole
 Signature of Licensee

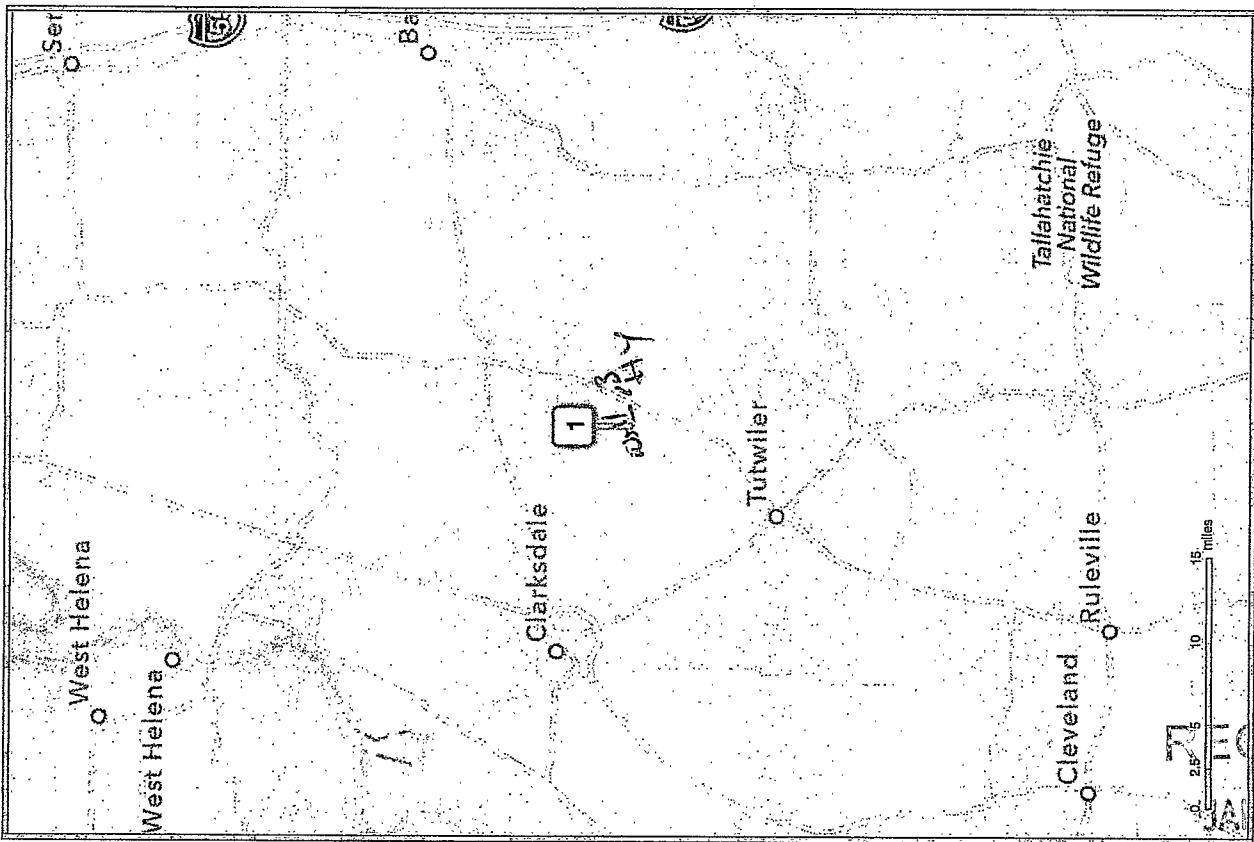
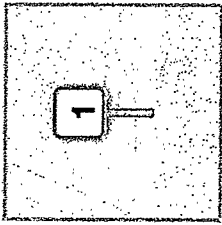
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34 8 29n 90 20 23w
near Lambert



Page 1 of 1
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Lambert, MS 38643
Lambert, MS 38643
United States



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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Quitman
 Permit #: MS, GW-49604
 Driller: TEDDY COATS
 Date completed: 12-2-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L89
 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>John Corbin</u>	Latitude: <u>34° 38' 29" N</u> Longitude: <u>90° 20' 23" W</u>
Mailing Address: <u>8467 Highway 315</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sardis MS 38666</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 07 T26N R 01W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7 Miles NE of Lambert</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: _____
Date Pump Installed: <u>12-2-16</u>	Setting Depth: <u>0-70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>20 HP</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-2-16</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>30</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 #5318
 Print Name of Pump Installer and License No. (if applicable)

Teddy Coats
 Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)

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