

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 #: M76
L. S. Elevation:
E-log #:

County: Quitman
Permit #: MS-GW-49762
Driller: TEDDY Coats
Date drilling completed: 12-7-16

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)
Owner Name: Jacob Sartain
Mailing Address: 106 First Choice Drive
Medison MS 39110
City State Zip Code
Telephone No.
Well or Borehole Location
Latitude: 34° 9' 37" Longitude: 90° 10' 37"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 03 Twn 26N Rng 01E
Distance 2 Miles W/SW of Nearest Town Crowder

Well / Borehole Data

Date drilling started: 12-7-16 Date drilling completed: 12-7-16 Hole depth: 110 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: 12-7-16
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 70 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: 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

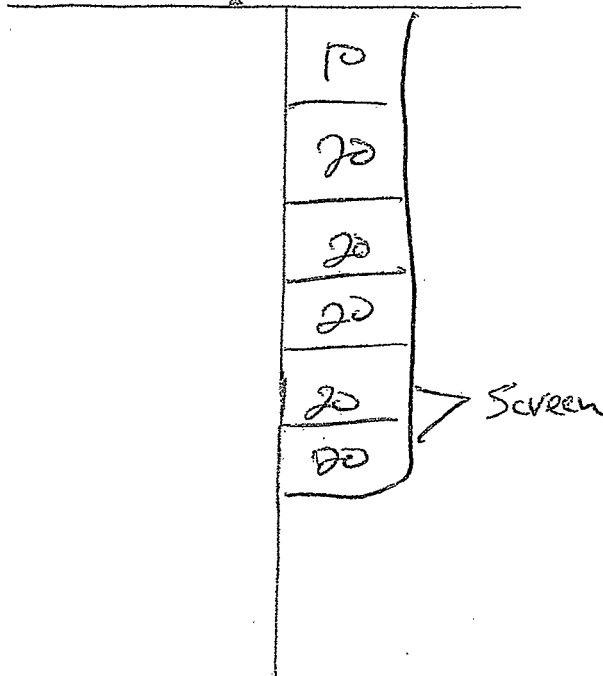
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
	Ground Level	0
	0	20
	20	40
	40	60
	60	80
	80	100
	100	110

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.

Landowner Name: JACKOB Sartain

Form: OLWR-SWR-1A (04/02)

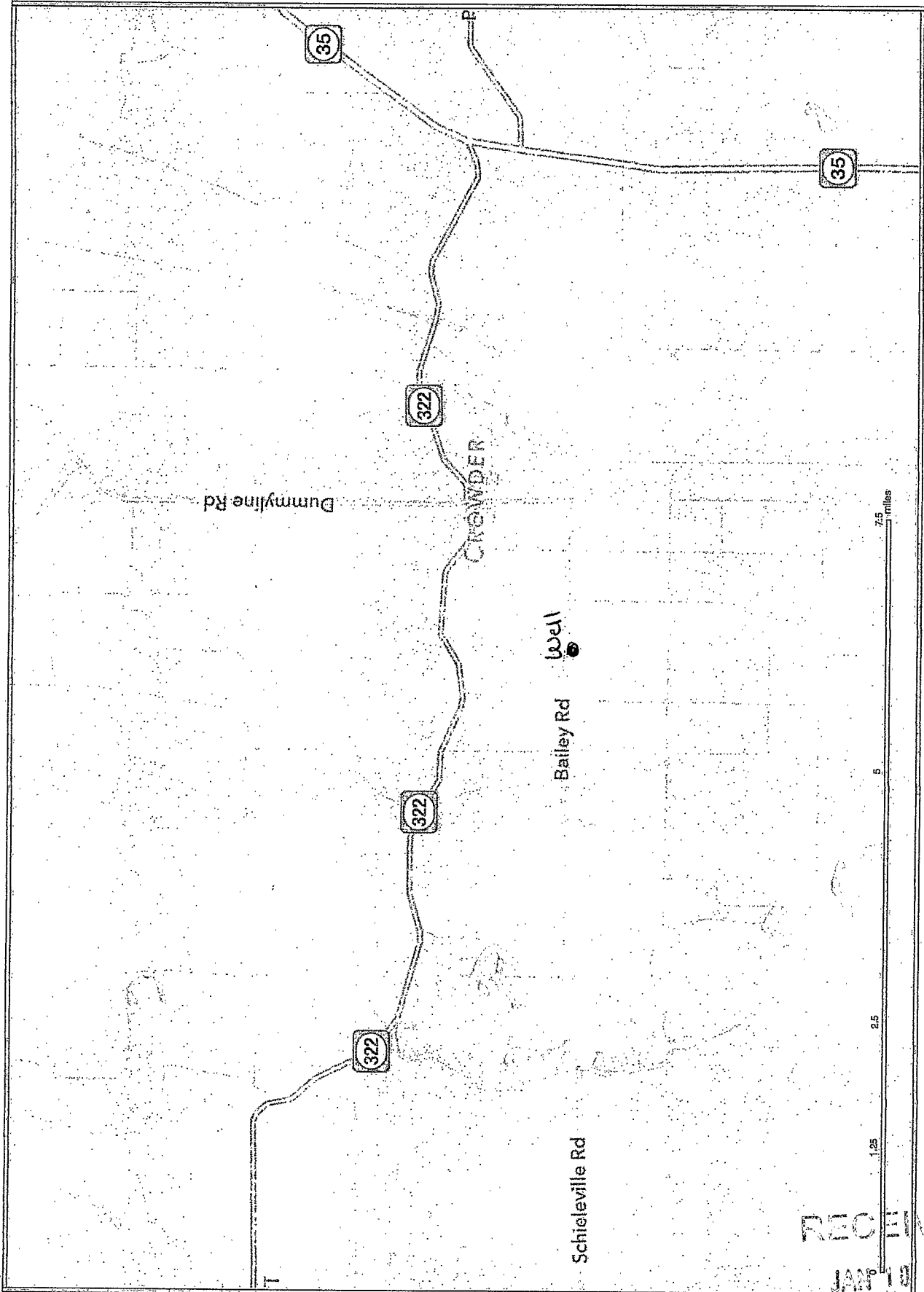
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

TEOPY Coats # 5318 12-7-16 Leddy Coats RECEIVED

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Lambert
Mississippi



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STATE WELL REPORT

Part 2

County: Quitman
 Permit #: MS-GW-49702
 Driller: TEDDY COODS
 Date completed: 12-7-16
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: M76
 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>JACKOB Sartain</u>	Latitude: <u>34 9 37^N</u> Longitude: <u>90 10 37^W</u>
Mailing Address: <u>106 Frist Choice Drive</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Madison MS 39116</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 03 T 26N R 01E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles W/SW of Crowder</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	<u>Electric Motor</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Submersible</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 HP</u>
Date Pump Installed: <u>12-7-16</u>	Setting Depth: <u>0 70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-16</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>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>900</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 COODS #5318
 Print Name of Pump Installer and License No. (if applicable)

Teddy Coods
 Signature of Pump Installer

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

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