

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-GW-49225
Driller: Joel Jumper
Date drilling completed: 11-26-18

For Office Use Only:

Aquifer: _____
Well #: M79
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>Coldwater Bend LLC</u>	Latitude: <u>34° 06' 31"</u> Longitude: <u>90° 12' 30"</u>
Mailing Address: <u>PO Box 209</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Olive Branch Ms 38654</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 20 Twn 26N Rng 01E</u>
Telephone No. ()	Distance Direction Nearest Town <u>6 Miles SE of Lambert</u>

Well / Borehole Data

Date drilling started: 11-26-18 Date drilling completed: 11-26-18 Hole depth: 118 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: Wildlife Mgmt

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 11 feet above or below (circle one) land surface Date measured: 11-27-18

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

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 12 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 12 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*

M79

Google Maps

34°06'22.0"N 90°
12'20.9"W



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

RECEIVED
 JAN 03 2019
 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
 (601)961-5210
 (601)961-5228 (fax)

County: Quitman
 Permit #: MS-GW-49225
 Driller: Joel Jumper
 Date completed: 11-27-18
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M79
 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>Cold Water Bend LLC</u>	Latitude: <u>34-06-31</u> Longitude: <u>90-12-36</u>
Mailing Address: <u>PO Box 2009</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Olive Branch Ms 38654</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>20</u> T <u>26</u> N R <u>D1E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>SE</u> of <u>Lambert</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11-27-18</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>1</u>

RECEIVED
 JAN 03 2019
 BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-27-18</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>210</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>210</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>750</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Jumper 5317 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer