

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: Tallahatchie
Permit #: GW-49424
Driller: TEODY Coats
Date drilling completed: 6-18-16

For Office Use Only:
Aquifer: _____
Well #: C133
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>JRJ hand company</u>	Latitude: <u>34° 04' 12"</u> Longitude: <u>90° 26' 61"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>P.O. Box 751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Madison MS 39130</u>	<u>NW 1/4 NW 1/4 Sec 05 Twn 25N Rng 02W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. () _____	<u>4 Miles E of Tutwiler</u>

Well / Borehole Data

Date drilling started: 6-18-16 Date drilling completed: 6/18/16 Hole depth: 110 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: 6-18-16

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.V.C

Screen length: 40 feet Screen diameter: 10 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

JUL 07 2016

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 39225-2309

(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: C133

Aquifer: _____

County: Tallahatchie

Permit #: GW-49424

Driller: TEDDY COULTS

Date completed: 6-18-16

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>JRS Land Company</u>	Latitude: <u>34 4 12</u> Longitude: <u>90 26 01</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>PO BOX 751</u>	NW 1/4 NW 1/4, Sec <u>05</u> T <u>25N</u> R <u>02W</u>
<u>Madison MS 39130</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
City State Zip Code	
Telephone No. (____) _____	

Pump Type (circle one)

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

Date Pump Installed: 6-18-16 Rated Pump Capacity: 900 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 15 Setting Depth: 70 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 6-18-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 20 Feet ~~Below~~ Land Surface Pumping Water Level (B): 24 Feet ~~Below~~ Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 900 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 900 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.

Print Name of Pump Installer and License No. (if applicable) _____

Date _____

Signature of Pump Installer _____

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

Received

JUL 07 2016

By OLWR