

# 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 #: MS-6W-49895  
 Driller: TEDDY COATS  
 Date drilling completed: 7-21-17

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K126  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Page Property Holdings LLC</u>	Latitude: <u>33° 55' 45"</u> Longitude: <u>90° 9' 37"</u>
Mailing Address: <u>Same</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> <u>Hand-held GPS</u> , <input checked="" type="checkbox"/> Survey-grade GPS
<u>P.O. Box 488</u>	USGS quad, <u>SW</u> <input checked="" type="checkbox"/> <u>SE</u> <input checked="" type="checkbox"/> Sec <u>23</u> Twn <u>24N</u> Rng <u>01E</u>
<u>Red Bay AL 35582</u>	Distance <u>10</u> Miles Direction <u>S</u> of Nearest Town <u>Tippa</u>
City State Zip Code	
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 7/20/17 Date drilling completed: 7/20/17 Hole depth: 125 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: RECEIVED

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump 2017

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block* **BY OLWR**

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: 7/20/17

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 85 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: 035 inches Setting depth: From 85 feet to 20 125 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

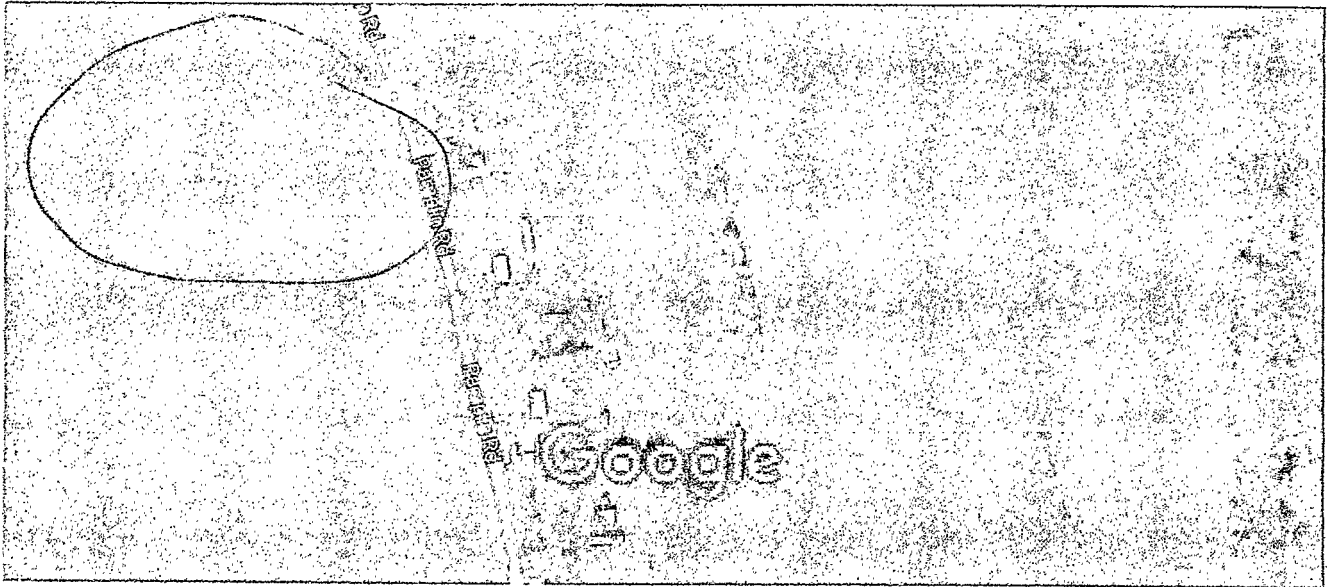
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *if telescoped or more than one screen, describe on next page*



K126

Google Maps

33°55'44.9"N 90°  
09'37.5"W



Imagery ©2017 DigitalGlobe, State of Arkansas, 200 ft  
USDA Farm Service Agency, Map data ©2017  
Goole

Tallahatchie Co.

Handwritten notes and a stamp, possibly a date '11/1/17' and a name 'MOLLY'.

# 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: Falla Hatchie  
 Permit #: MS-6W-49896  
 Driller: TEDDY Coats  
 Date completed: 7/20/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K126  
 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>Page property Holdings LLC</u>	Latitude: <u>33 55 44</u> Longitude: <u>90 9 37</u>
Mailing Address: <u>Same</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 488</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Red Bay AL 35582</u>	<u>SW 1/4 SE 1/4 Sec 23 T24N R 01E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>10</u> Miles <u>S</u> of <u>Tippo</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5750 HP</u>
Date Pump Installed: <u>7/20/17</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/20/17</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <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 <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
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