

County: Tallahatchie  
 Permit #: MS. GW-49899  
 Driller: LEDDY COATS  
 Date drilling completed: 7-30-17

**State Well Report**  
**Part 1 - 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 #: Q50  
 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)

Owner Name: John ~~York~~ York  
 Mailing Address: \_\_\_\_\_  
112 Sheffield Loop Ste D  
Hattiesburg MS 39402  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**  
 33  
 Latitude: 35° 51' 26" Longitude: 90° 7' 20"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SE 1/4 SE 1/4 Sec 18 Twn 23N Rng 02E  
 Distance Direction Nearest Town  
2 Miles N of Tippa

**Well / Borehole Data**

Date drilling started: 7/30/17 Date drilling completed: 7/30/17 Hole depth: 112 Hole diameter: 2.8117  
 Location of the source of any surface water used for drilling: Next to 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: 30 feet above or below (circle one) land surface Date measured: 7/30/17  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 72 feet Casing diameter: 16 inches Type of casing: P.V.C  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C  
 Screen slot size: 0.50 inches Setting depth: From 0 feet to EO 112 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*

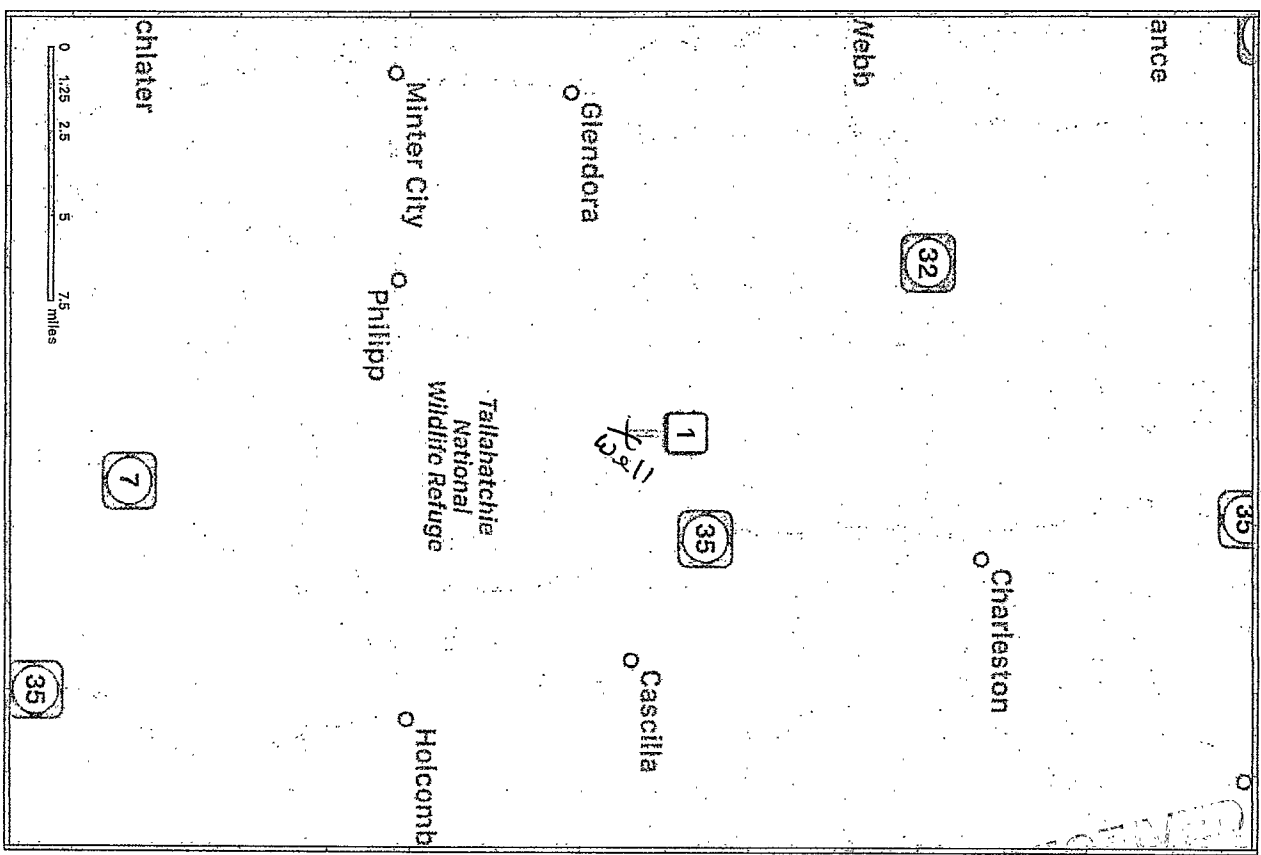
RECEIVED  
 SEP 01 2017  
 BY OLWR



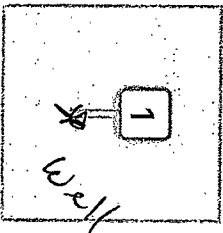
Q50



33 51 26n 90 07 20 W  
near Cascilla



RECEIVED  
SEP 17 2017  
BY OLWR



Cascilla, MS 38920  
Cascilla, MS 38920

# 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: Tallahatchie  
 Permit #: MS-6W 49889  
 Driller: TEDDY Coats  
 Date completed: 7/30/17  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q50  
 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 York</u>	Latitude: <u>33 51 26</u> Longitude: <u>90 7 20</u>
Mailing Address: <u>(same)</u> <u>112 Sheppard Loop Ste D</u> <u>Hattiesburg MS 39402</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 SE 1/4 Sec 18 T23N R 02E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>N</u> of <u>Tippo</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: <u>3600 HP</u>
Date Pump Installed: <u>7/30/17</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/30/17</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</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>10</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of
Test Pumping Rate: <u>2500</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      Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer