

County: Tallahatchie  
 Permit #: MS-GW-50255  
 Driller: TEDDY Coats  
 Date drilling completed: 11/25/18

### 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 #: Q51  
 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 EODIE Reynolds  
 Mailing Address: \_\_\_\_\_  
900 East Main Street  
Charleston MS 38921  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

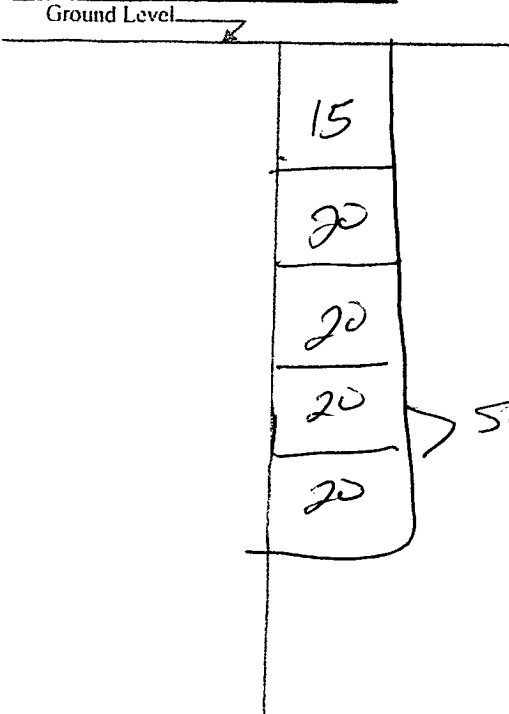
**Well or Borehole Location**  
 Latitude: 33° 52' 17" Longitude: 90° 03' 55"  
 Method of Lat/Long (circle one): Conventional Survey, 53  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 SW 1/4 Sec 17 Twn 23N Rng 02E  
 Distance Direction Nearest Town  
2 Miles N of Paynes

**Well / Borehole Data**  
 Date drilling started: 11/25/18 Date drilling completed: 11/25/18 Hole depth: 92 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: 30 feet above or below (circle one) land surface Date measured: 11/25/18  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 92 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 55 <sup>52</sup> 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: 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*

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The sketch below only required for water wells

If well telescopes, show depths on sketch

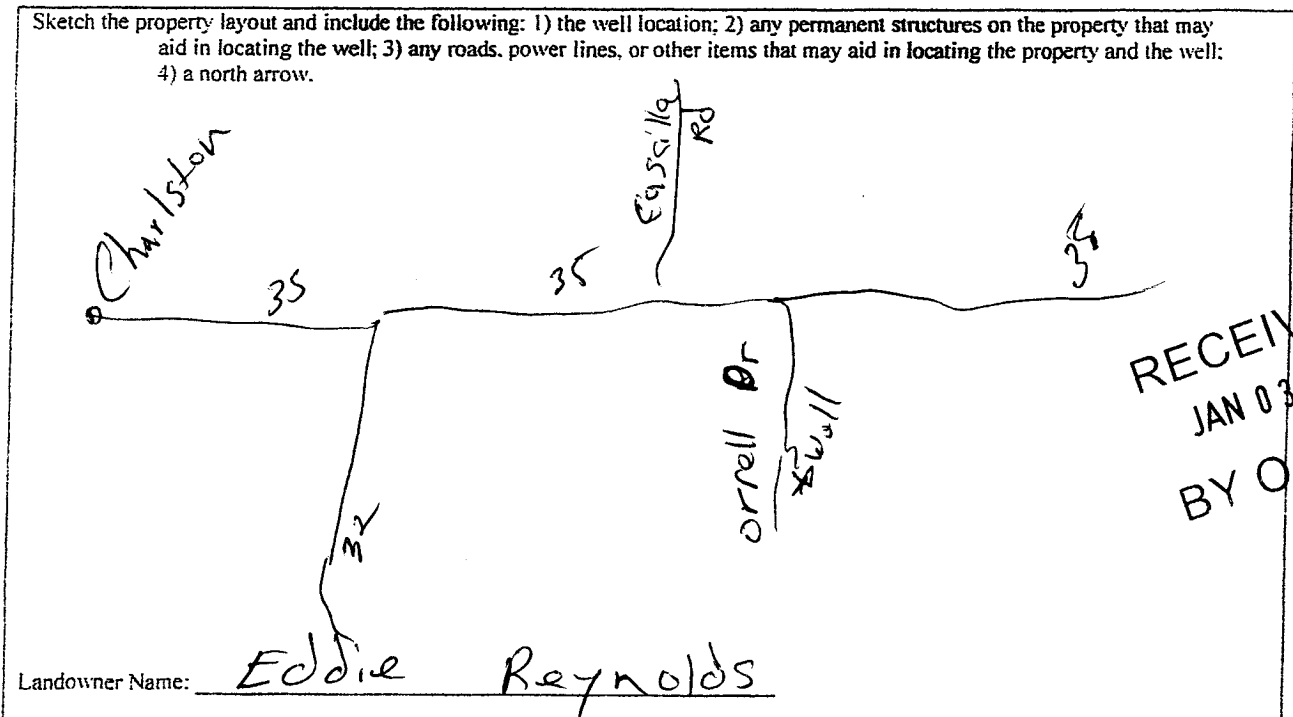


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	20
Dirt - Sand	20	40
Fine Sand	40	60
Coarse Sand (crushed gravel)	60	80
Gravel	80	92

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.



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Form: OI.WR-SWR-1A (04/08)

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.

TEODY COATS #5318  
Print Name of Responsible Licensee and License No.

Date

Jeddy Coats  
Signature of Licensee

# 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-BW-52255  
 Driller: TEDDY Coats  
 Date completed: 11/25/18  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q51  
 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>EDDIE REYNOLDS</u>	Latitude: <u>33 52 17 N</u> Longitude: <u>90 03 55 W</u>
Mailing Address: <u>900 East main street</u> <u>Charleston MS 38921</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW 1/4 SW 1/4 Sec 17 T23N R 02E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Poyner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <b>Submersible</b>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <b>Electric Motor</b> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>11/25/18</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>one</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/25/18</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <b>Steel Tape</b>
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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1000</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 Coats # 5318      Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer