

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: ER11
 L. S. Elevation: _____
 B-log #: _____

County: Bolivar
 Permit #: GW43594
 Driller: Cook Drilling Co. Inc
 Date drilling completed: 6-3-09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bill Veterans</u>	Latitude: <u>33° 49' 40.7"</u> Longitude: <u>90° 56' 33.2"</u>
Mailing Address: <u>819 Hwy 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Reeddale MS 38746</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>1/4 1/4 Sec 20 Twn 23N Rng 71W</u>
Telephone No: <u>662, 759-3320</u>	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-3-09 Date well drilling completed: 6-3-09

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

Static Water Level: 30' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 1' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 10' inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 50 inches Setting depth: From 80 feet to 120 feet

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

Top of log pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Cook Drilling Co. Inc
 Print Name of Well Contractor and License No. 289

Sidney Cook
 Signature of Water Well Contractor

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United States
Department of the Interior

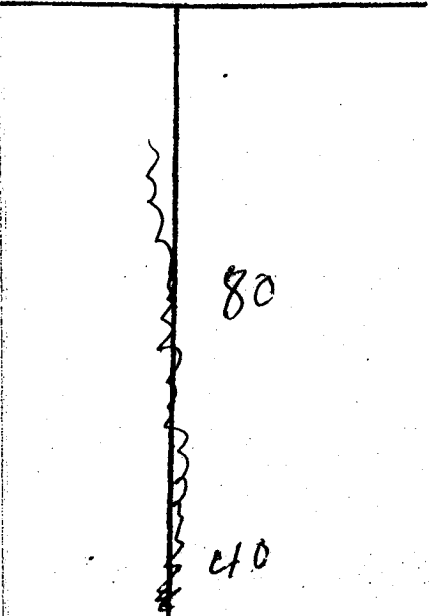
Special Agent
in Charge

Department of the Interior
Washington, D. C.



Very truly yours,
Special Agent in Charge

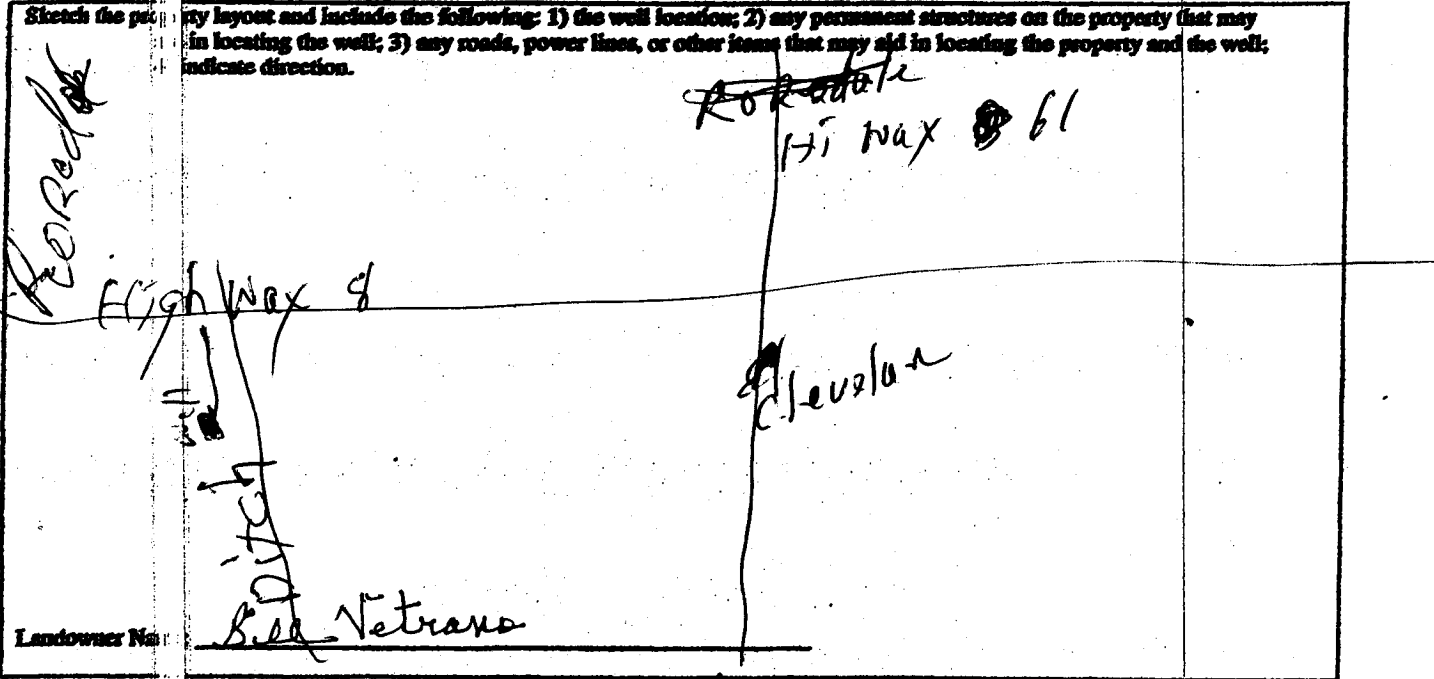
Ground level



Description of Formations Encountered	From	To
Clay	Top	30
Hard sand	30	70
Loose sand & gravel	70	120

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; indicate direction.



Richard Cook
 Signature: Water Well Contractor

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STATE WELL RETURN

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 1241
 Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: 6-3-09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information		Well Location	
Owner Name: <u>Bill Vetrano</u>	Latitude: <u>33-49-40</u>	Longitude: <u>90-56-38</u>	
Mailing Address: <u>819 Hwy 8</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Rowedale, MS. 38746</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 20</u>	Twn <u>24N</u>	Rng <u>7W</u>
Telephone No. <u>662) 759-3320</u>	Distance	Direction	Nearest Town
	<u>3</u> Miles	<u>E</u> of	<u>Rowedale</u>

	Pump Type Circle one	Power Type Circle one		
	Air Lift	Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill	Other (specify): _____	
Other (specify): _____		Horse Power Rating of Motor: _____		
Date Pump Installed: <u>6-3-09</u>		Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>600</u> Gallons Per Minute		Number of Stages: <u>1</u>		

	Pump Test Data	Method of Measuring Water Level Circle one		
	Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): <u>30</u> Feet Below Land Surface		Other (specify): _____		
Pumping Water Level (B): _____ Feet Below Land Surface		For flowing well, measured static head: _____ feet		
Drawdown (B-A): _____ Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: _____ Gallons Per Minute				
Duration of Pump Test (minimum 4 hours): _____ hours				

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) Cook Drilling Co. Inc 289 Signature of Pump Installer [Signature]

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