

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 #: H-179
L. 3. Elevation: _____
E-log #: _____

County: Dolan
Permit #: QW 42341 / C
Driller: Cook Drilling Co
Date drilling completed: Dec-15-07

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>Pittman Edward</u>	Latitude: <u>33° 51' 23"</u> Longitude: <u>70° 42' 43"</u>
Mailing Address: <u>502 S. First Ave</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland Ms. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 15 Twn 23N Rng 5W</u>
Telephone No: _____	Distance Direction Nearest Town
	<u>2 Miles NE of Merigold MS</u>

Well Data

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

Date well drilling started: Dec 15-07 Date well drilling completed: Dec 15-07

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

Static Water Level: 38' feet above or below (circle one) land surface Date measured: Dec 16-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 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 lap 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.

Print Name of Well Contractor and License No. Cook Drilling Co 259 Signature of Water Well Contractor Edward Pittman

RECORDED
INDEXED
BY _____

STATE WELL REPORT

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 #: 4129

Elevation: _____

County: Bolivar
 Permit #: 6042341
 Driller: Cock Drilling
 Date completed: Dec 16-07

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

Owner Name: _____ Mailing Address: _____ City _____ State _____ Zip Code _____ Telephone No. _____	Well Owner Information	Well Location
	<u>Pittman Edward</u> <u>502 S. First Ave.</u> <u>Cleveland Ms. 38732</u>	Latitude: <u>33° 03' 38"</u> Longitude: <u>90° 42' 43"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____ Distance _____ Direction _____ Nearest Town _____ <u>2 Miles NE of Metairie</u>

Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>Dec 10-07</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Pump Type Circle one Jet _____ <u>Submersible</u> _____ Piston _____ Turbine _____ Rotary _____ Flowing Well _____	Power Type Circle one Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>20</u> feet Number of Stages: <u>1</u>
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Date Well Tested: _____ Static Water Level (A): <u>38'</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B)-(A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Pump Test Data	Method of Measuring Water Level Circle one Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> _____ Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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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) Cock Drilling Inc 289 Signature of Pump Installer [Signature]

RECEIVED
 JAN 11 2008
 BY OLWB

