

FROM :

FAX NO. :

Dec. 14 2005 05:21PM P1

State Well Report Part I

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:

Acquirer: A-213
Well #: K134
L. S. Number: K134
B-log #: _____

County: Bolivar
Permit #: GW36672
Driller: Cook Drilling
Date drilling completed: 7-27-06

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>Kirk Kincaid Farmer</u>	Latitude: <u>33° 48' 03"</u>	Longitude: <u>90° 56' 30"</u>	
Mailing Address: <u>PO Box 1388</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
Telephone No: <u>662 624 4483</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
	<u>SW 1/4 NE 1/4 Sec 8 Twn 22N Rng 7W</u>		
	Distance	Direction	Nearest Town
	<u>1.5 Miles</u>	<u>W</u>	<u>PA. C. O. MS</u>

Well Data

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

Date well drilled started: 7-27 Date well drilling completed: 7-27

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 7-27

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

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

Name of organization running logs: _____

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.

Sidney Cook 289 _____
Print Name of Well Contractor and License No. Signature of Well Contractor

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BY: OLWF

WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10681
 Jackson, MS 39289-0631
 (601)961-9210
 (601)354-6938 (fax)

For Office Use Only:

Agency: K134
 Well #: 213
 Elevator: _____

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling
 Date completed: 7-29-06

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>Kirk & Inaude</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>P.O. Box 1383</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Clarksdale, MS 38674</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>14 1/4 Sec. 8 Twp. 22N R. 7W</u>		
Telephone No. <u>662 624 4483</u>	Distance	Direction	Nearest Town
	<u>5 Miles</u>	<u>W</u>	<u>of POPE MS</u>

Pump Type Circle one Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>7-29-06</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
	Rotary	Flowing Well	Windmill	Other (specify): _____	
	Horse Power Rating of Motor: _____			Setting Depth: <u>70</u> feet	
	Number of Stages: <u>1</u>				

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Sidney Cook - 289 Sidney Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 SEP 13 2006
 BY _____