

Replaced Well

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State Well Report Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39208-0631
(601)961-5210
(601)954-6888 (fax)

County: Bellevue
 Permit #: GW 40885?
 Driller: Pickens & Co
 Date drilling completed: 10-31-06
10/31/06

For Office Use Only:
 Auditor: _____
 Well #: L-232
 L. & S. Elevator: _____
 E-log #: _____

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>Agnes J. Fakner</u>	Latitude: <u>33° 44' 73"</u> Longitude: <u>90° 51' 73"</u>
Mailing Address: <u>1244 Bishop RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38730</u>	UNCS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>662-843-5512</u>	<u>SW 1/4 NW 1/4 Sec. 3 Twp. 22N. Rng. 6W</u>
	Drainage Direction: <u>East</u> of <u>Pace</u>

Well Data

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

Date well drilled started: 10-31-06 Date well drilling completed: 10-31-06

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 10-31-06

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

Hole depth: 134' Well depth: 134' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94' 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 94 feet to 134 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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

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

Name of agency on 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 under the Mississippi Department of Health regulations and state laws.

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

Signature of Well Contractor: Subray Cook

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 JAN 18 2007
 BY: OLWR

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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)961-5210
(601)354-6938 (fax)

County: Polk
 Permit #: 0000
 Driller: Cook Drilling
 Date completed: 12-21-06
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: L-232
 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
 Owner Name: Augustine, Ferns
 Mailing Address: 1841 Bishop RD
Cleveland MS 38702
 City State Zip Code
 Telephone No. 662 843 5512

Well Location
 Latitude: 33° 46' 73" Longitude: 090° 50' 73"
47 17 90 48 44
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 3 22 R 6
 Distance _____ Direction _____ Nearest Town _____
3 Miles SE of Polk MS

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump installed: 11-2-06
 Rated Pump Capacity: 2400 Gallons Per Minute

Power Type
 Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 8.5
 Setting Depth: 70' feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: _____
 Static Water Level (A): _____ 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

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 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.
Cook Drilling Co
 Print Name of Pump Installer and License No. (if applicable)
Sidney Cook
 Signature of Pump Installer

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 JAN 18 2007 JAN 11 2007
 BY: OLWR BY: OLWR