

# 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 #: L-240  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: MS-6W-42722  
Driller: Cook Drilling  
Date drilling completed: Jan 12 08

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>Donna Anne Farmer</u>	Latitude: <u>33° 44' 844"</u>	Longitude: <u>90° 49' 273"</u>	
Mailing Address: <u>1241 South Bishop Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City: <u>Cleveland Ms.</u> State: <u>38732</u> Zip Code: <u>38732</u>	NW 1/4 NE 1/4 Sec. <u>21</u> Twn <u>22N</u> Rng <u>6W</u>		
Telephone No: <u>662, 843-5512</u>	Distance: <u>3</u> Miles	Direction: <u>W</u>	Nearest Town: <u>Cleveland MS</u>
Well Data			
Purpose of Well (circle one): Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>Jan 12 08</u>	Date well drilling completed: <u>Jan 12 08</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>45</u> feet above or below (circle one) land surface	Date measured: <u>Jan 12 08</u>		
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>90</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>		
Screen slot size: <u>0.50</u> inches	Setting depth: From <u>90</u> feet to <u>130</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	Other (describe): _____		
Top of last 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. <u>Cook Drilling Inc 289</u>	Signature of Water Well Contractor: <u>Dwayne Cook</u>		

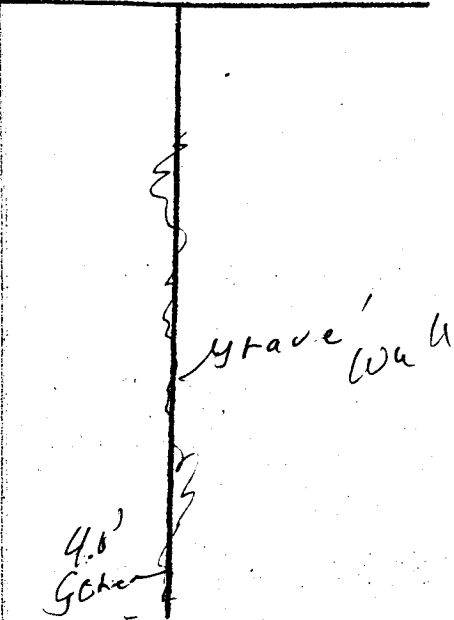
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Ground level

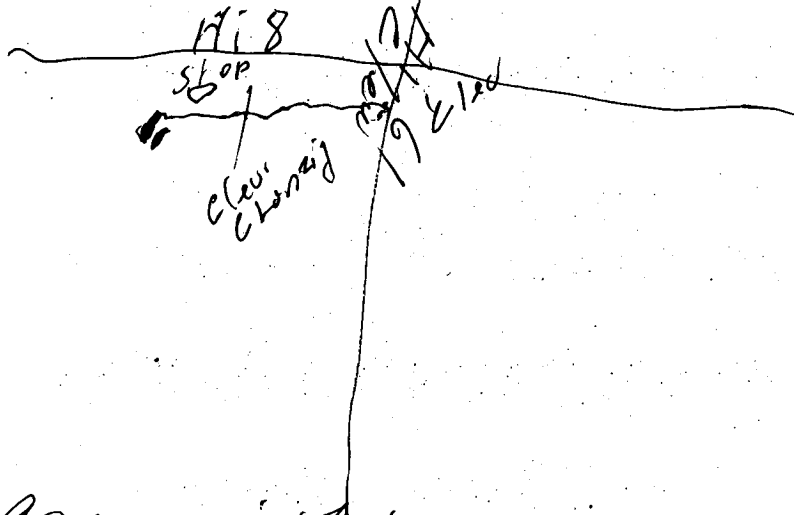


Description of Formations Encountered

Description of Formations Encountered	From	To
clay	TOP	45
sand & gravel	45	65
sand & gravel	65	65
sand & gravel	65	130

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.



Landowner Name

Apizy, Farm

James Cook

Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-240

Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW42722  
 Driller: Cook Drilling  
 Date completed: 7/2/08

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: _____	_____	Latitude: <u>33-44-844</u>	Longitude: <u>90-48-272</u>
Mailing Address: _____	_____	Method of Lat/Long (circle one): Conventional Survey,	
_____	_____	USGS quad, Hand-held GPS, Survey-grade GPS	
City _____ State _____ Zip Code _____	_____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____	_____
Telephone No. _____	_____	Distance _____ Direction _____ Nearest Town _____	_____
_____	_____	_____ Miles _____ of _____	_____

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	_____		Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>June 12-08</u>	_____		Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2400</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>45</u> Feet Below Land Surface	_____	<u>Steel Tape</u>	
Pumping Water Level (B): _____ Feet Below Land Surface	_____	Other (specify): _____	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	_____	For flowing well, measured slant in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute	_____	Well yielded _____ GPM with a drawdown of _____	
Duration of Pump Test (minimum 4 hours): _____ hours	_____	_____ feet after _____ hours of pumping	

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

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