

2006

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)354-4936 (fax)

For Office Use Only:

Aquifer: _____
Well #: L263
L. S. Number: _____
E-log #: _____

County: B. Lister
Permit #: GW44314
Driller: COOK Drilling
Date drilling completed: 6-10-06

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>Cirael H. Farmer</u> | Latitude: <u>33° 49' 05" N</u> | Longitude: <u>92° 49' 45" W</u> | |
| Mailing Address: <u>684 Raleigh Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> | <u>50</u> | |
| <u>Clarksburg, MS 38732</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City: _____ State: _____ Zip Code: _____ | <u>NW 1/4 NW 1/4 Sec 28</u> | <u>Twn 22N</u> | <u>Rng 6W</u> |
| Telephone No: <u>(662) 843 5001</u> | Distance: <u>3</u> Miles | Direction: <u>North</u> | Nearest Town: <u>Skene, MS</u> |

Well Data

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

Date well drilling started: 6-10-06 Date well drilling completed: 6-10-06

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

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

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

Hole depth: _____ Well depth: _____ Well grouted to a depth of _____ 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: 0.50 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 lay 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, Inc

Signature of Well Contractor Sikory Cook

GW-44314

Kent Adgins

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BY: OLWR

GW 44314

STATE WELL REPORT

County: Laliman
 Permit #: MS. G.W. 4414
 Driller: Cook Drilling Co. Inc.
 Date completed: 6-11-06
 Copy information from block on Part 1.

Part 2
 Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: W-263
 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 | Well Location |
|--|--|
| Owner Name: <u>C. F. E. H.</u> | Latitude: <u>33-44-05.4</u> Longitude: <u>090-49-15</u> |
| Mailing Address: <u>684 Laughlin</u> <u>P.R.D.</u> <u>Cleveland MS 38730</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW 1/4 NW 1/4 Sec 28 T 22 R 6E W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____ <u>3 Miles East of Cleveland</u> <u>North Skeene</u> |
| Telephone No. <u>(662) 843-5001</u> | |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift _____ Jet _____ Submersible _____ | Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ |
| Bucket _____ Piston _____ <u>Turbine</u> _____ | <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ |
| Centrifugal _____ Rotary _____ Flowing Well _____ | Windmill _____ Other (specify): _____ |
| Other (specify): <u>6-11-06</u> | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6-11-06</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</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 Pipe _____ Steel Tape _____ |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Sirnet Cook 287 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer