

FROM :

FAX NO. :

Dec. 14 2005 05:13PM P2

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

For Office Use Only:

Aquifer: _____
 Well #: M-229
 L. S. Elevator: _____
 E-log #: _____

County: Bolivar
 Permit #: GW41334
 Driller: Cook Drilling
 Date drilling completed: 7-12-06

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>Ray Cathan</u>		Latitude: <u>33° 46' 13"</u>	Longitude: <u>89° 42' 31"</u>
Mailing Address: <u>114 N Firat Ave</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
	<u>Cleveland MS 38730</u>	SW 1/4 SW 1/4 Sec <u>9</u>	Twp <u>22 N</u> Rng <u>5 W</u>
Telephone No: <u>601 843-5099</u>		Distance _____ Miles	Direction <u>N</u> of Nearest Town <u>Cleveland</u>

Well Data	
Purpose of Well (circle one): Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>7-12-06</u>	Date well drilling completed: <u>7-20-06</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: _____	
Method of Measurement (circle one): steel tape electric tape air line other: _____	
Hole depth: <u>110'</u> Well depth: <u>110'</u> Well grouted to a depth of <u>10'</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>20</u> feet Casing diameter: <u>6"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>6"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>30</u> inches Setting depth: From <u>70'</u> feet to <u>110'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Unconsolidated 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	
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.

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

Sidney Cook
 Signature of Water Well Contractor

RECEIVED
 SEP 03 2006
 BY: OLWR

FROM :

FAX NO. :

Dec. 14 2005 05:14PM P3

WATER 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 39233-0631
(601)961-5210
(601)954-6938 (fax)

For Office Use Only:

Applifier: _____
Well #: M 229
Flowmeter: _____

County: Dolan
Permit #: _____
Driller: Cook Drilling
Date completed: 7-25-06

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

Well Owner Information		Well Location	
Owner Name: <u>Ray Cochran</u>	Latitude: <u>33° 46' 18"</u>	Longitude: <u>90° 43' 31"</u>	
Mailng Address: <u>114 N FINE TALK</u>	Method of Lat/Long (circle one): <u>45 47</u> Conventional Survey		
<u>Cleveland MS 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 9</u>	Twp <u>22N</u>	Range <u>5W</u>
Telephone No. <u>662 843 5079</u>	Distance _____	Direction _____	Nearest Town _____
	<u>0</u> Miles	<u>N</u>	of <u>Cleveland</u>

Air Lift	Pump Type Circle one		Power Type Circle one	
	Jet	<u>Submersible</u>	Diaphragm	Gasoline Engine
Bucket	Piston	Turbine	Electric Motor	Natural Gas
Centrifugal	Rotary	Flowing Well	Windmill	Tinctor PTO
Other (specify): _____			Other (specify): _____	
Date Pump Installed: <u>7-25-06</u>	Horse Power Rating of Motor: <u>7 1/2</u>		Setting Depth: <u>80</u> feet	
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>3</u>			

Date Well Tested: _____	Pump Test Data		Method of Measuring Water Level Circle one	
	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line	<u>Steel Type</u>
	Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____		
	Draw-down (B): _____ Feet Below Land Surface	For flowing well, maximum shut in head: _____ feet		
	Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ 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.

Print Name of Pump Installer and License No. (if applicable): Sidney Cook 289

Signature of Pump Installer: Sidney Cook

RECEIVED
SEP 03 2006
BY: OLWR