

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)

County: Bolivar
 Permit #: GW42108
 Driller: COOK Drilling Co. Inc.
 Date drilling completed: APR 28-07

For Office Use Only:

Aquifer: _____
 Well #: Q-119
 L. S. Elevation: _____
 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>Frank Palmer #2</u>	Latitude: <u>33° 38' 44.5"</u> Longitude: <u>90° 58' 19.6"</u>
Mailing Address: <u>426 PALMER-SATTERFIELD Rd.</u>	Method of Lat/Long (circle one): <u>45</u> Conventional Survey, <u>12</u>
<u>Benoit MS. 38725</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec. 30 Twn 21N Rng 7W</u>
Telephone No.: <u>662 754-6576 - Res.</u>	Distance _____ Direction _____ Nearest Town _____
<u>662 378-7062 - Cell</u>	<u>3</u> Miles <u>SE</u> of <u>Benoit MS</u>

Well Data

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

Date well drilling started: APR 28-07 Date well drilling completed: APR 28-07

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

Static Water Level: 42' feet above or below (circle one) land surface Date measured: APR 28-07

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: 10" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10" 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 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: _____

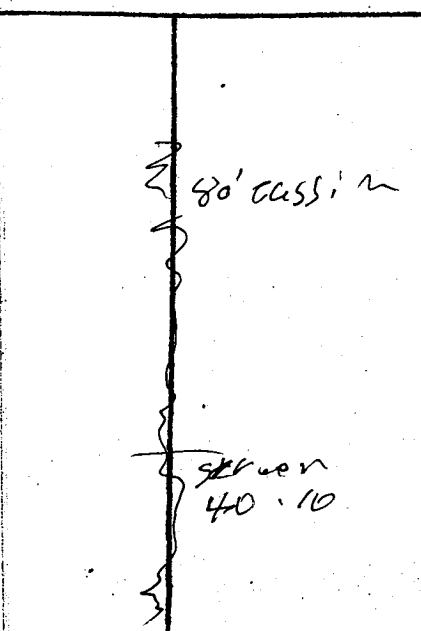
Name of organization running log(s): _____

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.

Sidney Cook Drilling Co. Inc. Sidney Cook
 Print Name of Well Contractor and License No. 289 Signature of Water Well Contractor

Φ-119

Ground level



Description of Formations Encountered	From	To
Red clay	TOP	30
sand	30	70
sand & gravel	70	110

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: Frank Palmat

Sikma Cook
 Signature: Peter Well Contractor

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: Bolivar
 Permit #: 2
 Driller: Cook Drilling Co. Inc.
 Date completed: Apr 28 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-119
 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>Frank Palmer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>426 PALMER-SATTERFIELD RD.</u> <u>Benoit, MS. 38725</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 1/4 Sec 30 T 21 N R 7 W</u>
Telephone No. <u>(662) 754-6576 - Res.</u> <u>662 378-7063 - Cell</u>	Distance _____ Miles _____ of _____ Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>May 5 07</u>	Setting Depth: <u>75'</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>May 5 07</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>42</u> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Cook Drilling Co. Inc.
 Print Name of Pump Installer and License No. (if applicable)

Suber Cook
 Signature of Pump Installer

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