

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 #: Q-120
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW42175
Driller: Cook Drilling Co. Inc.
Date drilling completed: Oct 28, 07

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>Satterfield Farms</u>	Latitude: <u>33° 39' 45" N</u> Longitude: <u>90° 56' 48" W</u>
Mailing Address: <u>313 Palmer-Satterfield Rd</u> <u>B</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, <u>29</u>
City: <u>Benoit</u> State: <u>MS</u> Zip Code: <u>38725</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>662-754-6405</u> <u>662-721-6208</u>	NW 1/4 SE 1/4 Sec. <u>32</u> Twn <u>21N</u> Rng <u>7W</u>
	Distance: <u>4</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Benoit MS</u>

Well Data

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

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

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: Oct 29-07

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

Hole depth: 130' Well depth: 130' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .450 inches Setting depth: From 90 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap 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.

Cook Drilling Co. Inc. _____
Print Name of Driller/Well Contractor and License No. 289

Silvan Cook _____
Signature of Water Well Contractor

RECEIVED
NOV 21 2007
BY: OLWF

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

3. The third part of the document is a list of names and addresses of the members of the committee.

4. The fourth part of the document is a list of names and addresses of the members of the committee.

5. The fifth part of the document is a list of names and addresses of the members of the committee.

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12. The twelfth part of the document is a list of names and addresses of the members of the committee.

STATE WELL RETURN

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 #: 2-120
 Elevation: _____

County: Doliver
 Permit #: _____
 Driller: Cook Drilling Co.
 Date completed: OCT 29-07

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:	<u>Satterfield Farms.</u>	Latitude: <u>33° 37' 45"</u> Longitude: <u>90° 56' 48"</u>
Mailing Address:	<u>313 Palmer - Satterfield Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
	<u>Benoit</u> <u>Ms.</u> <u>38725</u>	<u>NW 1/4</u> <u>SE 1/4</u> <u>Sec 32</u> <u>Twn 21N</u> <u>Rng 7W</u>
	City State Zip Code	Distance Direction Nearest Town
Telephone No.:	<u>662-757-6445-721-6200</u>	<u>4</u> Miles <u>SE</u> of <u>Benoit Ms.</u>

	Pump Type Circle one	Power Type Circle one
Air Lift	Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket	Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal	Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify):	_____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed:	<u>OCT 29-07</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 Steel Tape
Static Water Level (A):	<u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B):	_____ Feet Below Land Surface	For flowing well, measured static 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.

Signature of Pump Installer: [Signature]
 Print Name of Pump Installer and License No. (if applicable): COOK DRILLING CO. INC 289

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