

# State Well Report

## Part 1 - Driller's Log

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)

County: Bolivar  
Permit #: GW43416  
Driller: Cook Drilling Co. Inc.  
Date drilling completed: 5-3-09

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q 134  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Walker Satterfield</u>	Latitude: <u>33° 37' 642"</u> Longitude: <u>90° 52' 802"</u>
Mailing Address: <u>113 Palmer Satterfield Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <sup>39"</sup> <sub>48"</sub>
<u>Benoit</u> <u>MS</u> <u>38725</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 36 Twn 21N Rng 7W</u>
Telephone No. ( )	Distance <u>0.9</u> Miles Direction <u>SE</u> of Nearest Town <u>Benoit</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>5-3-09</u> Date drilling completed: <u>5-3-09</u> Hole depth: <u>120</u> Hole diameter: <u>28'</u>	
Location of the source of any surface water used for drilling: <u>Irrigation well / cross rd</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) <u>Irrigation</u>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25'</u> feet above or below (circle one) land surface Date measured: <u>5-3-09</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>80</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>50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Replaces GW05250

Form: OLWR-SWR-1A (04/08)

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Doliver  
 Permit #: \_\_\_\_\_  
 Driller: COOK Drilling Co. Inc.  
 Date completed: 5-4-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Ø134  
 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>Walter Saterfield</u>	Latitude: <u>33-37-00</u> Longitude: <u>90-52-80</u>
Mailing Address: <u>113 Palmer-Hattenfield Rd.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>39"</u> <input type="checkbox"/> Hand-held GPS <u>48"</u>
<u>Benoit</u> <u>MS.</u> <u>38725</u>	USGS quad _____, Survey-grade GPS _____
City State Zip Code	<u>NE ¼ NW ¼ Sec 36 T21N R 7W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>9</u> Miles <u>SE</u> of <u>Benoit MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>5-4-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</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 <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>2.5</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. 289 Richard Cook  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SW-18 (04/09)

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