

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 #: P-176
L. S. Elevation: Φ 169
E-log #: _____

County: Bolivar
Permit #: 61042109
Driller: Cook Drilling Inc
Date drilling completed: April 27-07

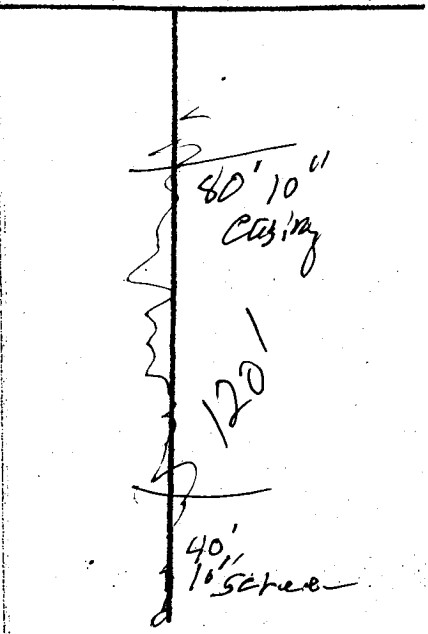
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Location
Owner Name: <u>Frank Palmer #1</u>	Latitude: <u>33° 38' 02"</u> Longitude: <u>90° 55' 38"</u>
Mailing Address: <u>426 PALMER-SATTERFIELD Rd. Benoit MS, 38925</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 28 Twn 21N Rng 7W</u>
Telephone No: <u>662-754-6576 - Res. 662-378-7062 - Cell</u>	Distance: _____ Miles Direction: <u>E</u> of Nearest Town: <u>Benoit MS</u>
Well Data	
Purpose of Well (circle one): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilled started: <u>April 27-07</u> Date well drilling completed: <u>April 27-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>42'</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one): <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>80</u> feet Casing diameter: <u>10"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10"</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"/> Undersanded <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> 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): _____	
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. <u>Cook Drilling Inc 289</u>	Signature of Water Well Contractor <u>Silky Cook</u>

Handwritten text, possibly a signature or name, located in the upper right quadrant of the page.

Handwritten text, possibly a date or a short note, located in the middle right section of the page.

Ground level



Description of Formations Encountered	From	To
Clay	0	15
Red sand	15	30
Sand	30	68
gravel sand	68	120

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.

H 1
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Littion Rd

Sage Field
Palmer Rd

2 miles

Benoit
ms

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Landowner Name: Frank Palmer

Subby Wood Drilling
Signature: Water 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 #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: May 5-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-176
 Elevation: φ 164

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: <u>33-48-02⁰¹</u> Longitude: <u>90-38-19.5</u> 47
Mailing Address: <u>426 PALMER-SATTERFIELD RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MOBILE M.S. 38125</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4 Sec 28 T 21 N R 7 W</u>
Telephone No. <u>(662) 754-6576 - Res.</u>	Distance _____ Direction _____ Nearest Town _____
<u>662 378-7062 - Cell</u>	<u>8.1</u> Miles <u>E</u> of <u>MOBILE MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>MAY 5-07</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>500</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: _____	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)

[Signature]
 Signature of Pump Installer

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