

# 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 #: \_\_\_\_\_  
Driller: SIDNEY COOK DRILLING  
Date drilling completed: 10/7/04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: P-165  
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>E.M. Farms, Inc.</u>	Latitude: <u>33° 40' 00"</u> Longitude: <u>90° 51' 00"</u>
Mailing Address: <u>243 YALE ST. EXT.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>CLEVELAND, MS 38732</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 17 Twn 21N Rng 6W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5 3/4 Miles SW of SKENE, MS.</u>

**Well Data**

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

Date well drilling started: 10/4/04 Date well drilling completed: 10/7/04

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 10/7/04

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

Hole depth: 955 Well depth: 920 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 880 feet Casing diameter: 4 1/2" / 2 1/8" inches Type of casing: Prc

Screen length: 40 feet Screen diameter: 2" inches Type of screen: Prc

Screen slot size: .010 inches Setting depth: From 160' feet to 920 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 160 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 the 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 0-289  
Print Name of Water Well Contractor and License No.

Sidney Cook  
Signature of Water Well Contractor

RECEIVED  
NOV 01 2004  
BY: OLWR



# 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: SIDNEY COOK DAUNY  
 Date completed: 10/18/04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P-165  
 Elevation: \_\_\_\_\_

**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>E.M. Farms, Inc.</u>	Latitude: <u>33° 40'</u> Longitude: <u>90° 51'</u>
Mailing Address: <u>243 YALE ST. EXT.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>CLEVELAND</u> MS <u>38732</u>	<u>9E 1/4 SW 1/4 Sec 17 Twn 21N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5 3/4</u> Miles <u>SW</u> of <u>SKENE, 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	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP.</u>
Date Pump Installed: <u>10/18/04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</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 <u>Steel Tape</u>
Static Water Level (A): <u>32</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	

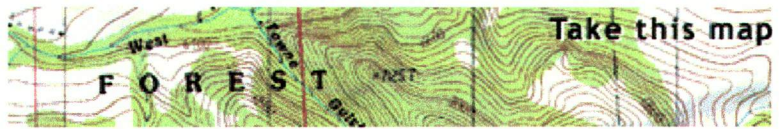
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

MARY STEPHENS 0-743P MARY STEPHENS  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 NOV 01 2004  
 BY: OLWR



# topozone



VIEW MAPS GET DATA MY TOPOZONE WEB SERVICES ABOUT US

33° 40' 00"N, 90° 51' 00"W (WGS84)  
USGS Skene Quad

[View TopoZone Pro aerial photos, shaded relief, street maps, interact](#)

- Map/Photo Info
- Topo Download
- Photo Download

### USGS Topo Maps

- 1:24K/25K Series
- 1:100K Series
- 1:250K Series

#### Map Size

- Small
- Medium
- Large

#### View Scale

1 : 50,000

Update Map

#### Coordinate Format

D/M/S

#### Coordinate Datum

WGS84/NAD83

Show target

[Email this map](#)

[Bookmark this map](#)

[Print this map](#)

myTopo.com

GET A  
CUSTOM  
MAP PRINT

