

# 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-173  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: MS-6W-42119  
Driller: Cook Drilling Co. Inc.  
Date drilling completed: June 2-07

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>WHEELER FARMS INC.</u>	Latitude: <u>33° 42' 20"</u> Longitude: <u>89° 50' 48"</u>
Mailing Address: <u>301 SOUTH BOLIVAR</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>29</u>
<u>CLEVELAND MS. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec. 5 Twn 22N Rng 6W</u>
Telephone No: <u>(662) 843-2850</u>	Distance Direction Nearest Town
	<u>2 Miles W of Stone MS</u>

**Well Data**

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

Date well drilling started: June 22-07 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 4.5 feet above or below (circle one) land surface Date measured: June 25-07

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: 0.50 inches Setting depth: From 8 feet to 120 feet

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

Top of log 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 Well Contractor and License No. 289

Sidney Cook  
Signature of Water Well Contractor

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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 #: P-173  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW42119  
 Driller: Cook Drilling Co. Inc  
 Date completed: June 25 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>Wheller Farm INC</u>	Latitude:	<u>33 42 206</u> Longitude: <u>090 50 484</u>
Mailing Address:	<u>301 SOUTH BOLIVAR</u>	Method of Lat/Long (circle one):	Conventional Survey, <sup>29</sup>
	<u>CLEVELAND MS. 38732</u>		USGS quad, Hand-held GPS, Survey-grade GPS
	City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>5</u> Twn <u>21N</u> Rng <u>6W</u>	
Telephone No.:	<u>(601) 843-2850</u>	Distance	Direction Nearest Town
		<u>2</u> Miles <u>W</u> of <u>SKENEYS</u>	

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor: _____		
Date Pump Installed:	<u>June 25-07</u>		Setting Depth: <u>70</u> feet		
Rated Pump Capacity:	<u>600</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>40</u> Feet Below Land Surface	Other (specify): _____	
Pumping Water Level (B):	_____ Feet Below Land Surface	For flowing well, measured slant 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) 289  
[Signature]  
 Signature of Pump Installer

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