

# 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-202  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: Cook Drilling Co.  
Date drilling completed: Aug 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>Roger Walker</u>		Latitude: <u>33° 44' 28" N</u>	Longitude: <u>90° 49' 42" W</u>
Mailing Address: <u>178 Louby Road</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Boulev</u> <u>MS</u> <u>38730</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		NE NW ¼ Sec <u>21</u> Twn <u>21</u> Rng <u>5W</u>	
Telephone No: _____		Distance <u>4</u> Miles <u>SE</u> of <u>Boyle MS</u>	

Well Data		
Purpose of Well (circle one): <u>Irrigation</u>	Home Industrial Public Supply Fish Culture Other: _____	
Date well drilling started: <u>Aug 28-07</u>	Date well drilling completed: <u>Aug 28-07</u>	
If flowing, method of flow regulation: Valve _____	Other (describe): _____	
Static Water Level: <u>5'</u> feet above or below (circle one) land surface	Date measured: _____	
Method of Measurement (circle one): <u>steel tape</u>	electric tape air line other: _____	
Hole depth: <u>120'</u> Well depth: <u>120'</u>	Well grouted to a depth of <u>10'</u>	
Type of grout (circle one): <u>Cement</u>	Bentonite 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>050</u> inches	Setting depth: From <u>80</u> feet to <u>120'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u>	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): _____		

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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. - 289  
Print Name of Well Contractor and License No.

Silvay Cook  
Signature of Water Well Contractor



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)

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Cook Drilling Co.  
 Date completed: Aug 28-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q202  
 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>Roger Walker</u>	Latitude: <u>33-49-242</u>	Longitude: <u>90-49-668</u>
Mailing Address:	<u>172 Lowery Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
	<u>Boyer MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	
Telephone No.:		Distance	Direction
		<u>4</u> Miles	<u>SE</u> of <u>Boyer MS</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: <u>15</u>		
Date Pump Installed:	<u>Aug 28-07</u>		Setting Depth: <u>80'</u>		
Rated Pump Capacity:	<u>600</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
Static Water Level (A):	_____ Feet Below Land Surface		Steel Tape	
Pumping Water Level (B):	_____ Feet Below Land Surface		Other (specify): _____	
Drawdown ((B)-A):	_____ Feet Below Land Surface		For flowing well, measured static head: _____ feet	
Test Pumping Rate:	_____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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  
 Print Name of Pump Installer and License No. (if applicable)

Robert Cook  
 Signature of Pump Installer