

# 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)

Coverage: Bolt

Permit #: GW 40536

Driller: SIDNEY COOK

Date drilling completed: 6/30/05

For Office Use Only:

Acquirer: \_\_\_\_\_

Well #: 5-117

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>HESTER FARMS</u>	Latitude: <u>N 33° 35' 27" 16</u> Longitude: <u>W 90° 57' 21" 0</u>
Mailing Address: <u>225 WARREN RD EAST</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>12</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>GREENVILLE</u> MS 38703 City State Zip Code	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>17</u> Twn <u>20N</u> Rng <u>7W</u>
Telephone No. ( ) _____	Distance <u>5</u> Miles <u>E</u> Direction of <u>BENNOTT</u> Nearest Town

**Well Data**

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

Date well drilling started: 6/30/05 Date well drilling completed: 6/30/05

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 6/30/05

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing Length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen Length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 276 feet to 116 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: \_\_\_\_\_ 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 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.

  
Signature of 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 #: 6W 40536  
 Driller: BIDNEY COOK  
 Date completed: 7/1/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 5-117  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>HESTER FARMS</u></p> <p>Mailing Address: <u>225 WARREN RD EAST</u></p> <p><u>GREENVILLE</u> MS 38703                  City State Zip Code</p> <p>Telephone No. ( ) _____</p>	<p><b>Well Location</b></p> <p>Latitude: <u>N 33° 35.276'</u> Longitude: <u>W 90° 37.210'</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>NW</u> ¼ <u>NW</u> ¼ Sec <u>17</u> Twn <u>20N</u> Rng <u>7W</u></p> <p>Distance Direction Nearest Town  <u>3</u> Miles <u>E</u> of <u>BENNETT</u></p>
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<p><b>Pump Type</b> Circle one</p> <p>Air Lift Jet Submersible</p> <p>Bucket Piston <u>Turbine</u></p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>7/1/05</u></p> <p>Rated Pump Capacity: <u>2800</u> Gallons Per Minute</p>	<p><b>Power Type</b> Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas</p> <p>Electric Motor Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>50</u> HP</p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>1</u></p>
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<p><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>32</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B)-(A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Matt Stephens #0-743P  
 Print Name of Pump Installer and License No. (if applicable)

Matt Stephens  
 Signature of Pump Installer