comy Covington	
Permit #:	
Driller: David west	
Date drilling completed: 51507	

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:	
Aquifier:	
Well #: C - 56	
L. S. Elevation:	
E-log #:	

30 days of completion of drilling of the well.	or uses an occur and then with the Debut thish Athin	
Well Owner Information	Well Location	
Owner Name Carl Cole	Latitude: 31 • 43 Longitude: 89 • 31	
Mailing Address: P.O. Box 1026	Method of Lat/Long (circle one): Conventional Survey,	
	•	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Collin.3 MS 394) & City State Zip Code	SE 14 IVW14 Sec 28 Twn 9N Rng 15W	
Telephone No. (601) 765-8772	Distance Direction Nearest Town Miles No of Oll 115	
Telephone No. ((601) 763-8772		
Well 1	Deta .	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other	
	•	
Date well drilling started: 5-15-07 Date	well drilling completed:	
If flowing, method of flow regulation: ValveOther (d	escribe)	
Static Water Level: 14' feet above or below (circle one)	and surface Date measured: 5-15-07	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: Well depth: q_\	Well grouted to a depth of 10 feet	
Type of grout (circle one): Coment Bentonite Mix		
Casing length: 81 feet Casing diameter: 4	inches Type of casing PVC	
Screen length:feet Screen diameter:	inches Type of screen:	
Screen slot size: • 0 0 inches Setting depth: From_		
Type of completion (circle all applicable): Gravel packed Unden	reamed Telescoped Open hole (Natural Development)	
Other (describe):		
Top of lap pipe or reduction in casing:		
Logs run (circle all applicable): No log run Electric Ganama Ray Density Sonic Neutron Other:		
Name of organization running log(s):	: :	
I certify that the well was drilled, constructed, and completed in a	coordinace with all applicable requirements of the Mississimi	
Department of Environmental Quality and/or the Mississippi Dep	actuant of Health regulations and state laws.	
David A West 0-672	_ 1 Jud A. We	
Print Name of Water Well Contractor and License No.	Signature of Water Well Constructor	

STATE WELL REPORT

comy: Coving to n Permit #: Driller: Dan's

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 #: C-56	
Elevation:	

in detail and filed with the Department within 30 days of the

Centrifugal Rotary Flowing Well Windmill Other (specify):	This report should be prepared by the pump installed in deciminately installation of pump.	
Letitude: 31 Longitude: 37 37 Mothod of Latfl.ong (citcle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS State	Well Owner Information	
Alling Address:	wher Name: Carlcole	Latitude: 31043' Longitude: 89031
USGS quad, Hand-held GPS, Survey-grade GPS SEL 14 NUM Sec 28 Twn 9N Rng ISW Distance Direction Nearest Town Hilles NIM of Collins Paup Type Circle one Circle one Circle one Circle one Circle one Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Constituted Pump Capacity: Other Pump Test Duta Control Other (specify): Con	ailing Address: P.O. BOX 1026	Method of Lat/Long (circle one): Conventional Survey,
Distance Direction Nearest Town		USGS quad, Hand-held GPS, Survey-grade GPS
Distance Direction Nearest Town	Pallin MS 29478	SA 14 NW14 Ser 28 Twn 9N Rng/SW
Pump Type Circle one Circle o	City State Zip Code	·
Pump Type Circle one C	•	
Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Circle one Air Line Circle one Circle one Air Line Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one Circle one Air Line Circle one Circle one Circle one Air Line Circle one Circle one Circle one Circle one	elephone No. (60) 765-8772	Miles Not of Collins
Diesel Engine Gasoline Engine Natural Gas Sucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):		
Pump Test Data Pump Test Below Land Surface Pumping Water Level (B): Peet Below Land Surface Proposition Feet Below Land Surface Proposition of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Duration of Pump Test (minimum 4 hours): Duration Of Pump Test (minimum 4 hours): Du		
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet (Submersible)	
Other (specify):	Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Setting Depth:	Centrifugal Rotary Flowing Well	Windmill Other (specify):
Setting Depth:	Other (specify):	Horse Power Rating of Motor:
Pump Test Data Pump Test Data Date Well Tested: Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [(B) - (A)]: Gallons Per Minute Drawdown Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): Drawdown Test (minim		Setting Depth: 90 feet
Circle one Circle	Rated Pump Capacity: \(\sum_{\text{O}} \) Gallons Per Minute	Number of Stages:
Date Well Tested: Static Water Level (A): Pumping Water Level (B): Peet Below Land Surface Drawdown [(B) – (A)]: Peet Below Land Surface Drawdown [(B) – (A)]: Peet Below Land Surface For flowing well, measured shut in head: Feet Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): Drawdown of P	Pump Test Data	
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours Thereby Certify that the above statements are true to the best of my knowledge. Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet GPM with a drawdown ofhours of pumping Thereby Certify that the above statements are true to the best of my knowledge. Drawdown [(B) - (A)]:	Date Well Tested:	
Pumping Water Level (B): Peet Below Land Surface Drawdown [(B) - (A)]: Peet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours Thereby Certify that the above statements are true to the best of my knowledge. Drawdown [(B) - (A)]: Peet Below Land Surface For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Drawdown [(B) - (A)]: Peet Below Land Surface For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of hours of pumping	Static Water Level (A): Rect Relow Land Surface	
Drawdown [(B) - (A)]: Peet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVIDA West 0-672 Law		Other (specify):
Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVIDA West 0-672		A A
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVIDA West 0-672	Drawdown [(B) - (A)]:Peet Below Land Surface	<u> </u>
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVIDA West 0-672 Con A but	Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
DAVIDAWest 0-672 1 and Alle	Duration of Pump Test (minimum 4 hours):hours	
1 / // 0 0 1 0 0 0 0 0 0		at of my knowledge.
Daint Name of Dame Installer and License No. (if sonlinghle) Signature of Purus Installer	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Ground Level	

Description of Formations Encountered	From	To
	<u> </u>	
Tapsoil Sand Clay	3,	Π
Small	14	40
Syndy Clay	40,	
Sand	(63)	911
	┦	
		1
		
		1
		1
		<u> </u>
		1
		1
		1
		1
		1

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 per aid in locating the well; 3) any roads, power lines, or other items that n 4) indicate direction.	manent structures on the property that may aid in locating the property and the well;
.,	,
Barn Owell tocution	
House	
Landowner Name: (art) Cole	· ·

Signature of Water Well Contractor