

# 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 #: H-509  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Marion 047  
 Permit #: \_\_\_\_\_  
 Driller: M+M well  
 Date drilling completed: Sept 21

**M+M WELL SERVICE**

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>Shawn Cook</u>	Latitude: <u>30.28.25</u> Longitude: <u>89.00.28</u> <small>43 48</small>
Mailing Address: <u>13277</u> <u>Old Woolmarkt Rd</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Survey-grade GPS
<u>Biloxi Ms 39532</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>228 392-2288</u>	<u>NE 1/4 SW 1/4 Sec 32 Twn 06 S Rng 10 W</u>
	Distance <u>1/4</u> Miles Direction <u>North</u> of Nearest Town <u>Woolmarkt</u>

### Well Data

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

Date well drilling started: Sept 20 Date well drilling completed: Sept 21

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

Static Water Level: 40 feet above or  below (circle one) land surface Date measured: Sept 21,

Method of Measurement (circle one)  steel tape  electric tape  air line other: Plum Bob

Hole depth: 290 Well depth: 290 Well grouted to a depth of 11 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 275 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 275 feet to 290 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 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.

Glen Maddew 0563  
 Print Name of Water Well Contractor and License No.

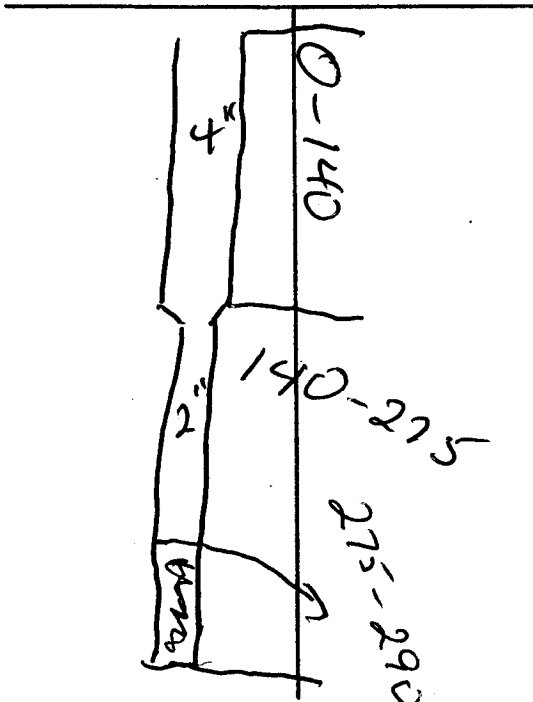
Alex Maddew  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

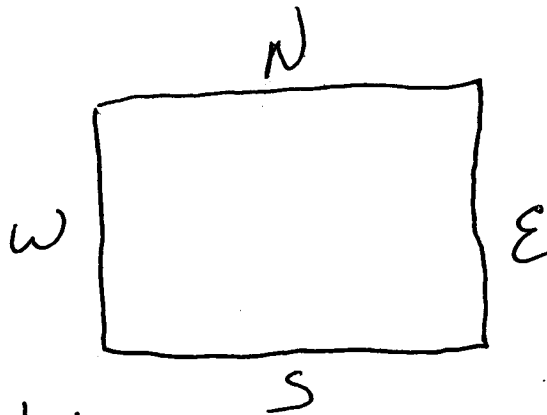
Ground Level



Description of Formations Encountered	From	To
sand	0	35
gray clay	35	80
green clay	80	250
sand	250	290

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 permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



o well

Landowner Name: Shawn Cook

Shawn Cook  
Signature of Water Well Contractor

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# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-509

Elevation: \_\_\_\_\_

County: Attala  
 Permit #: \_\_\_\_\_  
 Driller: MFM well  
 Date completed: Sept 22

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>Shawn Cook</u>	Latitude: <u>30° 28' 72.5"</u> Longitude: <u>89° 00' 79.8"</u>
Mailing Address: <u>13277</u> <u>Old Woolmarket Rd</u> <u>Biloxi MS, 39532</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 32 Twn 065 Rng 10W</u>
Telephone No. <u>228</u> <u>392-2288</u>	Distance Direction Nearest Town <u>14</u> Miles <u>North</u> of <u>Woolmarket</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>Sept 22, 04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>Blum Bob</u>
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 <u>30</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22</u> 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.

Glen Madden 0563  
 Print Name of Pump Installer and License No. (if applicable)

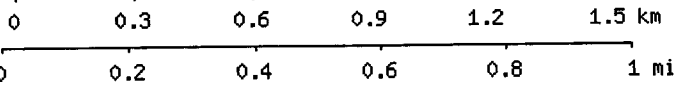
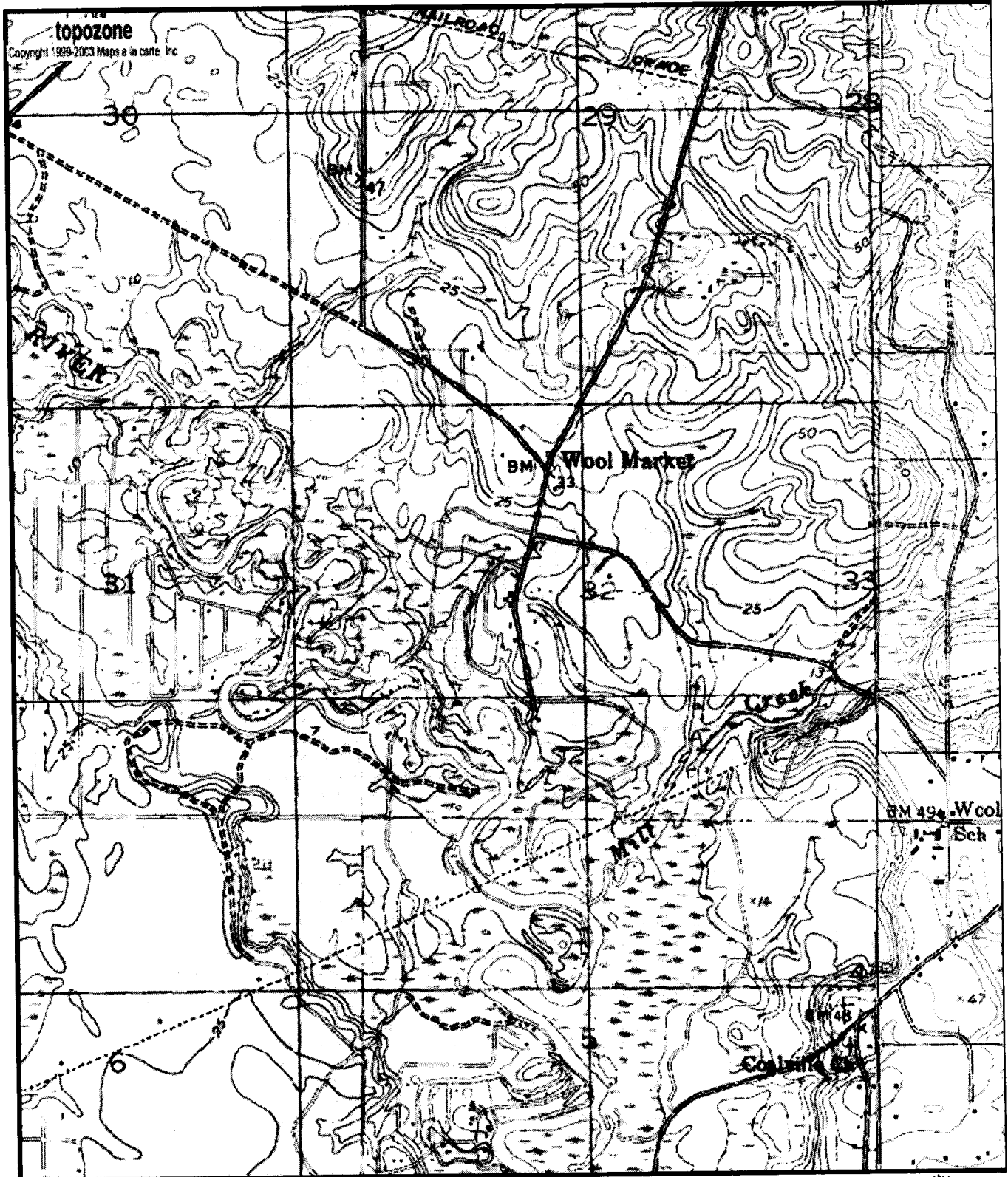
Glen Madden  
 Signature of Pump Installer

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Map center is 30° 28.72'N, 89° 0.80'W (WGS84/NAD83)  
**Gulfport North** quadrangle  
 Projection is UTM Zone 16 NAD83 Datum

M=-0.186  
 G=-1.022