

Halmer

State Well Report Part 1

For Office Use Only:

County: Jefferson
 Permit #: C-W 42588
 Driller: COOK DRILLING Co. Inc.
 Date drilling completed: May 9-08

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)

Aquifer: _____
 Well #: J-74
 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>Tommy Reaster</u>		Latitude: <u>33° 44' 00" N</u>	Longitude: <u>90° 52' 20" W</u>
Mailing Address: <u>157 Highland Hills Lane</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
City: <u>Flora</u> State: <u>MS</u> Zip Code: <u>39071</u>		<u>NE 1/4 NE 1/4 Sec. 31 Twn 15N Rng 1W</u>	
Telephone No: <u>601 946-0800</u>		Distance: <u>14</u> Miles	Direction: <u>E</u> of Nearest Town: <u>Algona</u>

Well Data

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

Date well drilling started: May 9-08 Date well drilling completed: May 9-08

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: May 10-08

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: 50 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 80 feet to 120 feet

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

Top of lap 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): _____

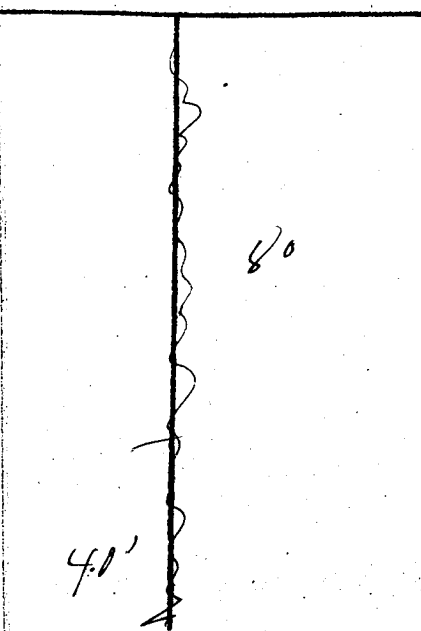
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

COOK DRILLING Co. Inc. Sidney Cook
 Print Name of Well Contractor and License No. 289 Signature of Well Contractor

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J-74

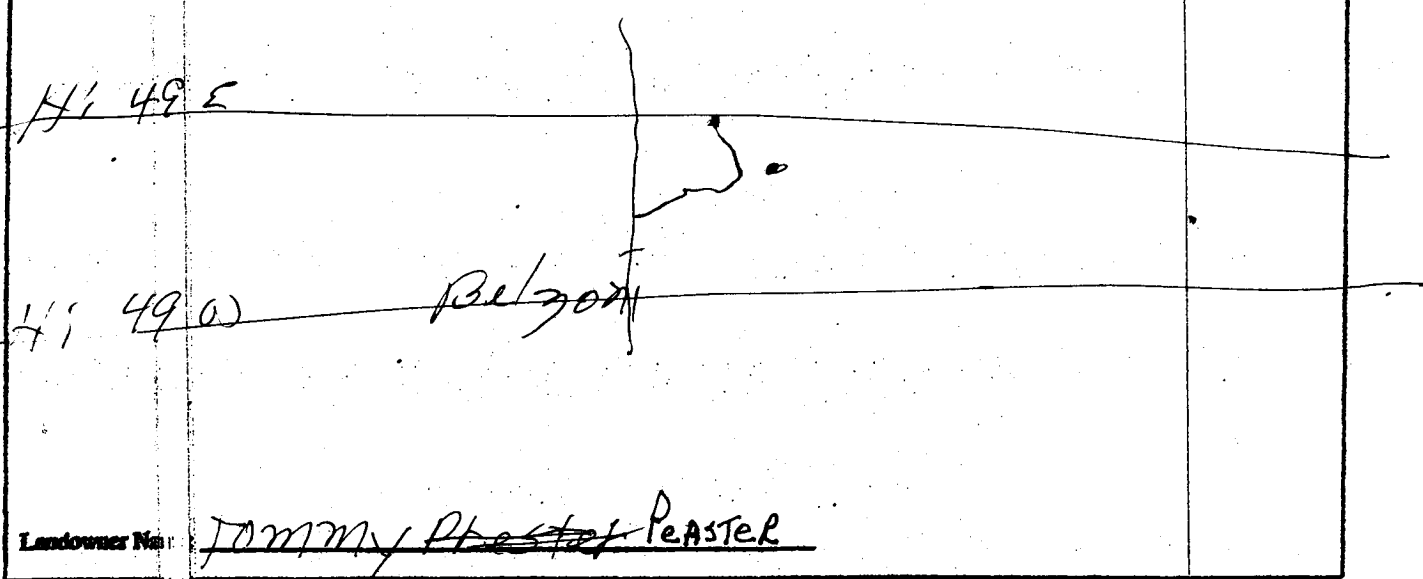
Ground level



Description of Formations Encountered	From	To
Sandy Clay	TOP	40
21" Sand	40	60
Sand & gravel	60	70

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; indicate direction.



Stephen 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:

Acquifer: _____
 Well #: J-74
 Elevation: _____

County: Leflore
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: May 10-08

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

Owner Name: _____ Mailing Address: _____ City _____ State _____ Zip Code _____ Telephone No. _____	Well Owner Information	Well Location
	<u>Tommy Peaster</u> <u>157 Highland Hills Lane</u> <u>Glora MS. 39071</u>	Latitude: <u>33.64500</u> Longitude: <u>90.20⁰⁰³</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____ Distance _____ Direction _____ Nearest Town _____ <u>14 Miles S of Bayou La Pate</u>

Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>May 10-08</u> Rated Pump Capacity: <u>8</u> Gallons Per Minute	Pump Type Circle one	Power Type Circle one
	Jet _____ Submersible _____ Piston _____ <u>Turbine</u> _____ Rotary _____ Flowing Well _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): <u>CP</u> Horse Power Rating of Motor: _____ Setting Depth: <u>40</u> feet Number of Stages: <u>2</u>

Date Well Tested: _____ Static Water Level (A): <u>14</u> 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	Pump Test Data	Method of Measuring Water Level Circle one
		Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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