

Holmes

**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)

County: Jefferson
 Permit #: GW471A2
 Driller: COOK DRILLING Co. INC.
 Date drilling completed: May 11 08

For Office Use Only:
 Aquifer: _____
 Well #: J-76
 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>Johnny Peaster</u>		Latitude: <u>33° 06' 229"</u>	Longitude: <u>90° 18' 665"</u>
Mailing Address: <u>157 Highland Hills Lane</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	<u>39</u>
		USGS quad, Hand-held GPS, Survey-grade GPS	
City: <u>Flora</u>	State: <u>MS</u>	Zip Code: <u>39071</u>	
Telephone No: <u>601 946-0800</u>		NW 1/4 SW 1/4 Sec <u>33</u>	Twn <u>15</u> Rng <u>12</u>
		Distance: <u>14</u> Miles	Direction: <u>2</u> of <u>Belzoni</u>

Well Data

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

Date well drilling started: May 11 08 Date well drilling completed: _____

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: 050 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.

Print Name of Well Contractor and License No. COOK DRILLING Co. INC. 289

Signature of Water Well Contractor Bobby Cook

RECEIVED
JUN 13 2008
BY: OLWR

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 39239-0631
 (601)961-5210
 (601)254-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J-76
 Elevation: _____

County: Leflore
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: May 11-08

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

Well Owner Information Owner Name: <u>Sommy Peaster</u> Mailing Address: <u>157 Highland Hills Lane</u> <u>Flora MS. 39071</u> City State Zip Code Telephone No. <u>601, 946-0800</u>		Well Location Latitude: <u>33° 06' 22.9"</u> Longitude: <u>90° 18' 46.2"</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>1.4 Miles</u> <u>E</u> of <u>Belzoni</u>	
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Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>9.00</u> Gallons Per Minute	Pump Type Circle one Jet _____ Submersible _____ Piston _____ <u>Turbine</u> _____ Rotary _____ Flowing Well _____	Power Type Circle one Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: _____ feet Number of Stages: <u>3</u>
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Pump Test Data 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	Method of Measuring Water Level Circle one Air Line _____ Electric Measuring Line _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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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 of Pump Installer

RECEIVED
 JUN 13 2008
 BY: OLWR