

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: Lumpkin
 Permit #: GW42807
 Driller: Cook Drilling Inc
 Date drilling completed: 7-19-08

For Office Use Only:

Aquifer: _____
 Well #: J-124 OK
 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>Robert J Hines</u>	Latitude: <u>33° 02' 49.5"</u> Longitude: <u>90° 26' 29.5"</u>
Mailing Address: <u>202 Duck Rd</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey, <u>18</u>
<u>Madison Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 19 Twn 14N Rng 2W</u>
Telephone No: <u>662-571-5961</u>	Distance Direction Nearest Town
	<u>70 Miles East of Silver City MS</u>

Well Data CIP

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

Date well drilling started: 7-19-08 Date well drilling completed: 7-19-08

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 7-20-08

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: 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: 250 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 last 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.

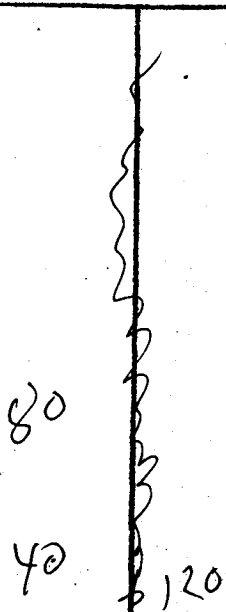
Cook Drilling Inc
 Print Name of Well Contractor and License No. 289

Sidney Cook
 Signature of Water Well Contractor

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 BY: OLWF

J-124

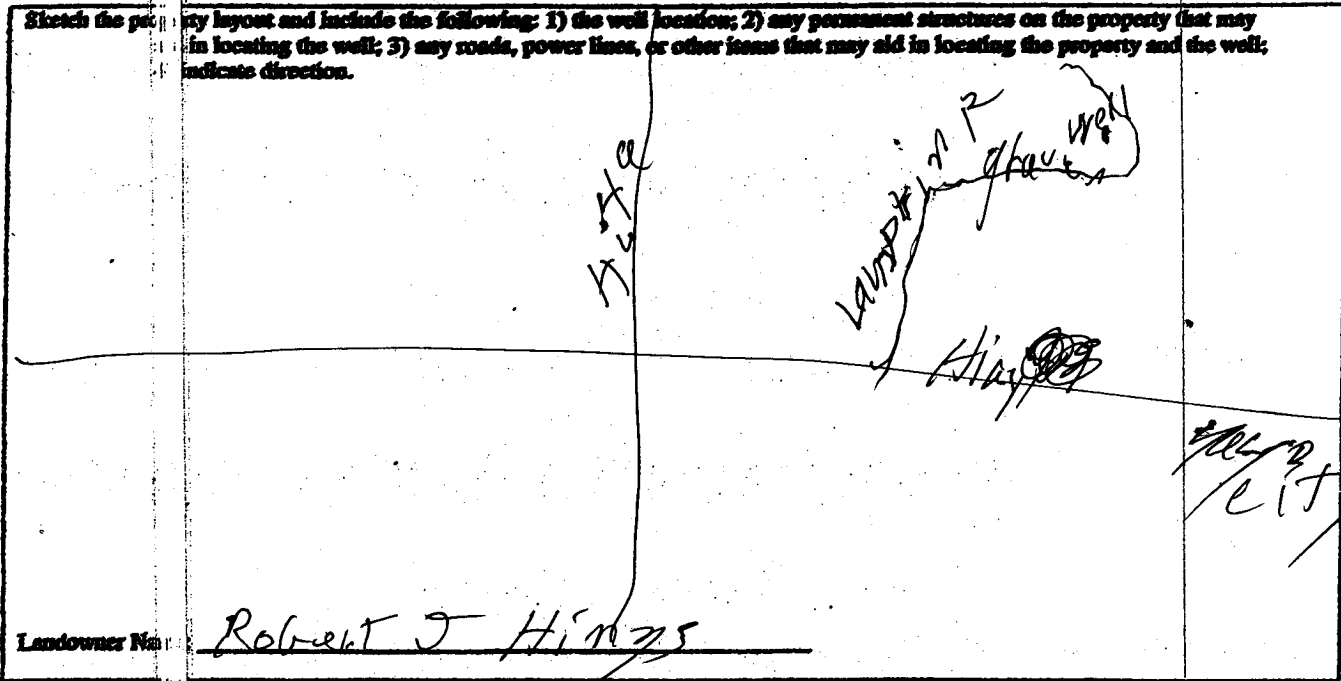
Ground level



Description of Formations Encountered	From	To
Clay Sand Lense	TOP	30
Sand	30	45
Sand (Strata)	45	120

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.



Landowner Name: Robert J Hines

Edroy Coot
Signature: 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-124
 Elevation: _____

County: Humphreys
 Permit #: _____
 Driller: COOK DRILLING Co.
 Date completed: 7-20-08

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		Well Location	
Owner Name: <u>Robert J Hingst</u>		Latitude: <u>33.02490</u>	Longitude: <u>90.26285</u>
Mailing Address: <u>202 Dark</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Madison</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Madison MS</u>		_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____	
City State Zip Code		Distance	Direction Nearest Town
Telephone No: <u>601-571-5962</u>		<u>10</u> Miles	<u>East of River City</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="radio"/> Jet	<input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine
Bucket	<input type="radio"/> Piston	<input checked="" type="radio"/> Turbine	<input type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	<input type="radio"/> Windmill	<input type="text"/> Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>7-20-08</u>			Setting Depth: <u>50</u> feet		
Rated Pump Capacity: <u>800</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line
Static Water Level (A): <u>20</u> Feet Below Land Surface		<input type="radio"/> Steel Tape	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown [(B)-(A)]: _____ Feet Below Land Surface		For flowing well, measured slant in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): _____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
COOK DRILLING Co. 289
 Print Name of Pump Installer and License No. (if applicable) Ribney Cook
 Signature of Pump Installer

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