

# 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 #: B-128  
L. S. Elevation: A164  
E-log #: \_\_\_\_\_

County: Jefferson  
Permit #: \_\_\_\_\_  
Driller: Sidney Cook  
Date drilling completed: Nov 23-07

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>Howard Williams</u>	Latitude: <u>33° 47' 9.48"</u> Longitude: <u>90° 22' 66.3"</u>
Mailing Address: <u>10744 County Rd. 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Drew MS</u> State: <u>MS</u> Zip Code: <u>38737</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 Sec 2 Twp 22N Rng 2W</u>
Telephone No: <u>662) 658-4940</u>	Distance Direction Nearest Town <u>10 Miles E of Drew MS</u>

**Well Data**

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

Date well drilling started: Nov 23 07 Date well drilling completed: Nov 23 07

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: Nov 24-07

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 32 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 log 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.

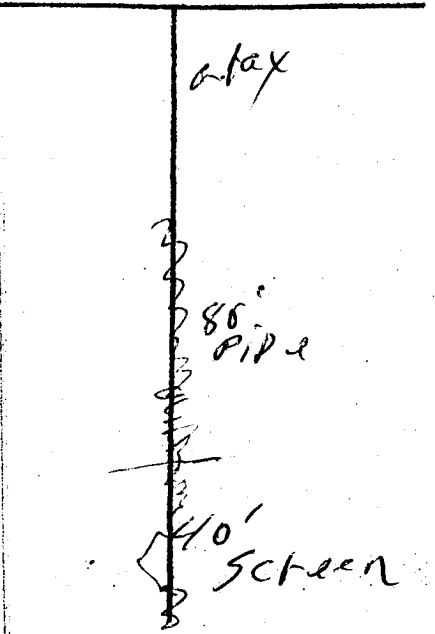
Cook Drilling, Inc.  
Print Name of Well Contractor and License No. 284

Sidney Cook  
Signature of Water Well Contractor

RECEIVED  
DE 27 2007  
BY [Signature]

A164  
B-128

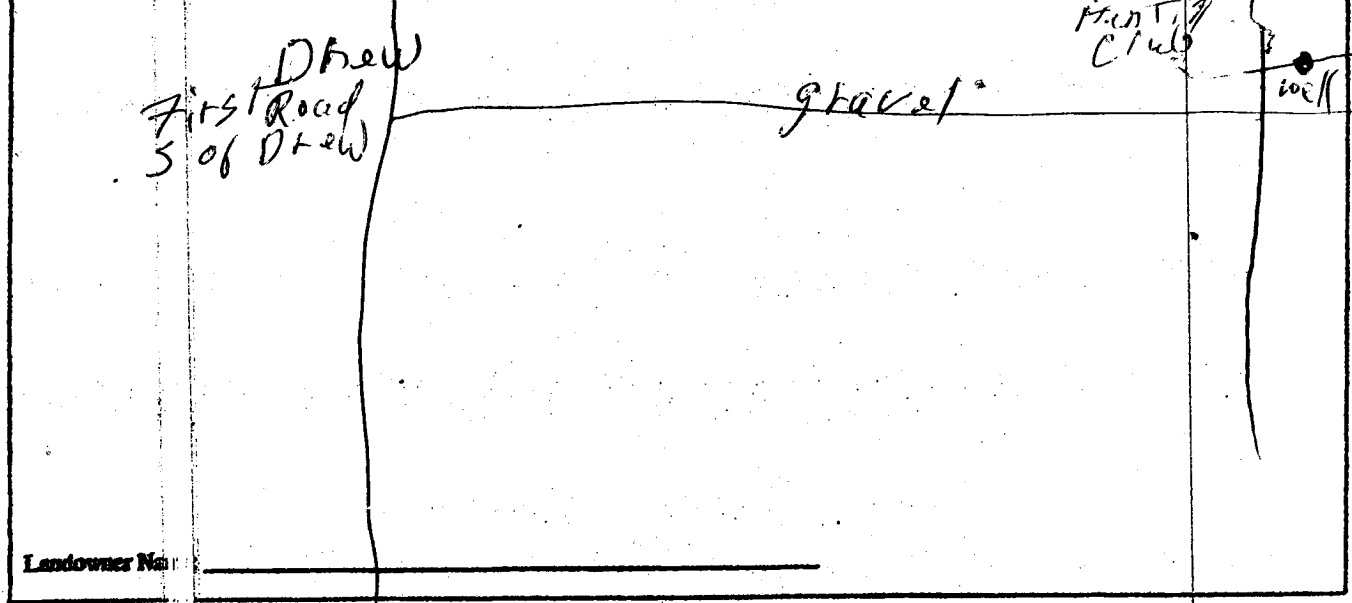
Ground level



Description of Formations Encountered	From	To
Clay	120	30
sand	56	71
sand & gravel	70	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 \_\_\_\_\_

*Suthey Cook*  
Signature: Water Well Contractor

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BY [Signature]

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:

Aquifer: A164  
 Well #: B-128  
 Elevation: \_\_\_\_\_

County: LeFlore  
 Permit #: \_\_\_\_\_  
 Driller: Sidney Cook  
 Date completed: Nov 24 07

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>Howard Williams</u> <u>10744 County Rd. 3</u> <u>Drew MS, 38737</u> <u>662 658-4940</u>	Latitude: <u>33 47 948</u> Longitude: <u>90 22 663</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 2 Twn 22N Rng 2W</u> Distance _____ Direction _____ Nearest Town _____ <u>10 Miles E of Drew MS.</u>

Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>Nov 24 07</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Pump Type Circle one Jet _____ Submersible _____ Piston _____ Rotary _____ <u>Turbine</u> Flowing Well _____	Power Type Circle one <u>Diesel Engine</u> Gasoline Engine _____ Electric Motor _____ Hand _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>60'</u> feet Number of Stages: <u>2 Stage 10"</u>	Natural Gas _____ Tractor PTO _____
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Date Well Tested: _____ Static Water Level (A): <u>24</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 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.

Sidney Cook  
 Print Name of Pump Installer and License No. (if applicable) 289 Signature of Pump Installer

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 NOV 21 2007  
 8:52 AM