

# 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 #: V-64  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PANOLA  
Permit #: \_\_\_\_\_  
Driller: R LANGFORD  
Date drilling completed: 6-20-05

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>COCHRAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>291 Wheelerwill DR</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>BATESVILLE MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn <del>10S</del> Rng 7W</u>
Telephone No. ( )	Distance Direction Nearest Town <u>POPE</u>
	<u>1 Mile N of BALE LAKE</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 6-14-05 Date well drilling completed: 6-15-05 (DRILL ONLY)  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 40' feet above or below (circle one) land surface Date measured: 6-20-05  
Method of Measurement (circle one) steel tape electric tape air line other: STEEL TAPE ON STRIPS  
Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLOT PVC  
Screen slot size: .013 inches Setting depth: From 120 feet to 130 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: NONE 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.

FRANK LANGFORD 0-622

Print Name of Water Well Contractor and License No.

Frank Langford

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

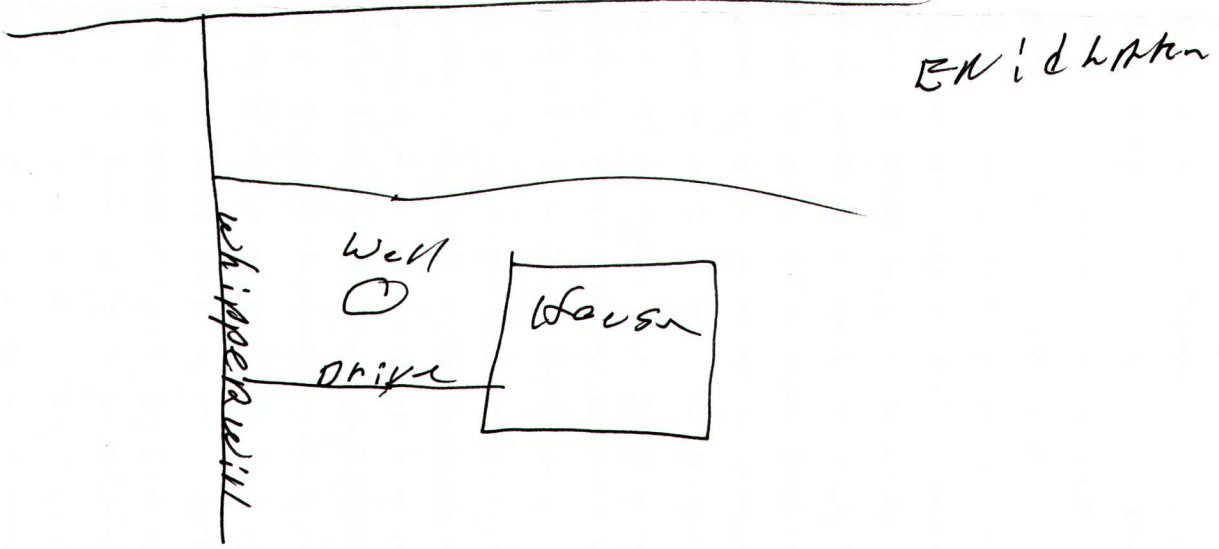
V-64

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
DIRT	0	5
CLAY	50	20
SAND & CLAY	20	60
CLAY	60	100
SAND	100	130

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.



Landowner Name: COCKRAN

*Frank Langford*  
\_\_\_\_\_  
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 #: V-64  
 Elevation: \_\_\_\_\_

County: OSHAUN  
 Permit #: \_\_\_\_\_  
 Driller: R LANGFORD  
 Date completed: 6-20-05

**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>COCHRAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>291 Whipperwill OR</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Gatesville MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <del>27N</del> Rng <u>2W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1</u> Mile <u>N</u> of <u>BRID LAKE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>34</u>
Date Pump Installed: <u>6-20-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-15-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>STEEL BALL ON STRING</u>
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of
Test Pumping Rate: <u>15+</u> Gallons Per Minute	_____ <u>5</u> feet after _____ <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

FRANK LANGFORD 0622 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR