

### 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)954-6938 (FAX)~~  
601-360-0555

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: E-52  
L.S. Elevation: \_\_\_\_\_  
Log #: \_\_\_\_\_

County: Leflore  
Permit #: \_\_\_\_\_  
Driller: Cain  
Date drilling completed: 3-20-09

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 #1

Well Owner Information		Well Location	
Owner Name: <u>John O Cole</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1177 Old Augusta Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey		
<u>Richton MS 39476</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: <u>Richton</u> State: <u>MS</u> Zip Code: <u>39476</u>	<u>N 1/4 E 1/4 Sec. 1 Twn 4N Rng 10W</u>		
Telephone No. (cell): <u>788-6315</u>	Distance: <u>1/4</u> Miles	Direction: <u>SW</u>	Nearest Town: <u>Richton MS</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-18-09</u>	Date well drilling completed: <u>3-20-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>90</u> feet above or below (circle one) land surface	Date measured: <u>3-20-09</u>		
Method of Measurement (circle one) steel tape electric tape air line other: <u>String</u>			
Hole depth: <u>140</u>	Well depth: <u>140</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite Mix			
Casing length: <u>130</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>#10</u> inches	Setting depth: From <u>130</u> feet to <u>140</u> feet		
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packs <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable) <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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.			
Print Name of Water Well Contractor and License No. <u>Ms Water Well Drilling 0-374</u>		Signature of Water Well Contractor: <u>John Cain</u>	

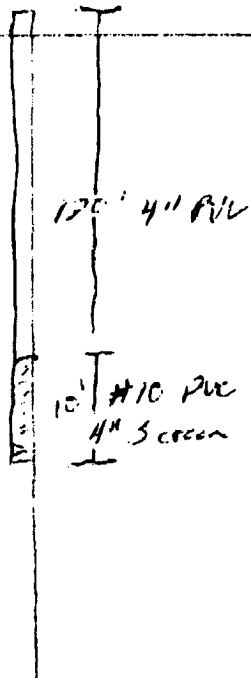
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E-52

If well telescopes please sketch below and show depths.

Well #1

Ground Level



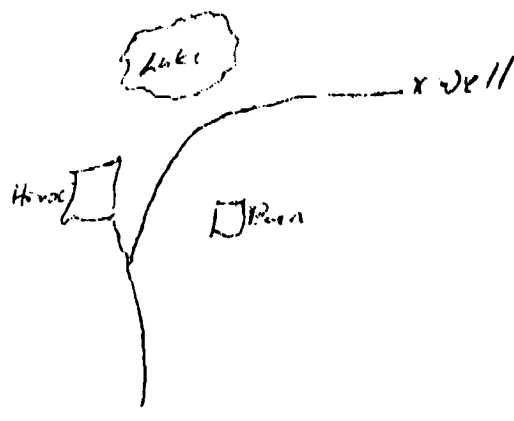
Description of Perturbations Encountered

From To

Description of Perturbations Encountered	From	To
Top Soil	0	10
Sand	11	60
Gravel	62	80
Shale Clay	80	95
Seam	95	140

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 directions.



Landowner Name: John O Cole

Nelson Cain  
Signature of Water Well Contractor 0-374

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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)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: Conner  
 Date completed: 3-20-09

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-52  
 Elevation: \_\_\_\_\_

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 #1

Well Owner Information	Well Location
Owner Name: <u>John E Cole</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1147 Old Augusta Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton MS 39476</u>	<u>N 1/4 E 1/4 Sec 1 Twn 7N Rng 10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No (601) <u>788 6315</u>	<u>1/4 Miles S/W of Richton MS</u>

Pump Type (Circle one)	Power Type (Circle one)
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>3-20-09</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level (Circle one)
Date Well Tested: <u>3-20-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>30</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.  
Miss Water Well Drilling 7 Nelson Cain  
 Print Name of Pump Installer and License No. (if applicable) 0-374 Signature of Pump Installer

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