

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: Perry
Permit #:
Driller: Michael S. Havard
Date drilling completed: 7-14-04

For Office Use Only:
Aquifer:
Well #: G-39
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: Owner Name Trent Cooley 04025, Mailing Address P.O. Box 648, New Augusta MS 39462, Telephone No. (601) 964-3043
Well Location: Latitude: 31° 12' 09" Longitude: 89° 05' 16"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS
1/4 Sec 27 Twn T3N Rng R11W
Distance 2.5 Miles Direction South of Nearest Town New Augusta

Well Data: Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 7-09-04 Date well drilling completed: 7-14-04
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 73 feet above or below (circle one) land surface Date measured: 7-14-04
Method of Measurement (circle one) steel tape electric tape (air line) other:
Hole depth: 532 Well depth: 531 Well grouted to a depth of 27 feet
Type of grout (circle one): Cement Bentonite (Mix)
Casing length: 511 feet Casing diameter: 4x2 inches Type of casing: PVC 540
Screen length: 20 feet Screen diameter: 2 inches Type of screen: WOP PVC 540
Screen slot size: .008 inches Setting depth: From 511 feet to 531 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: 200 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:

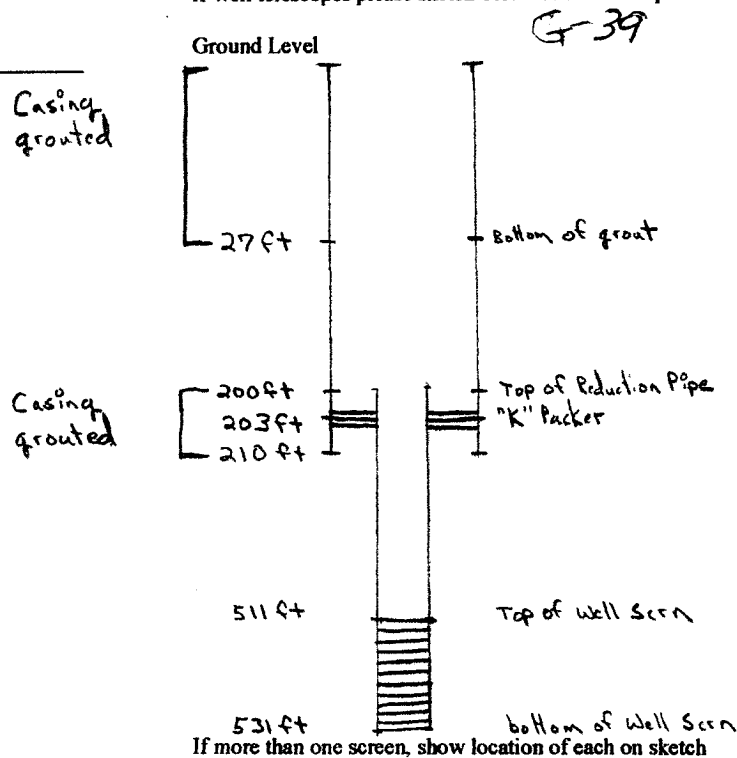
Name of organization running log(s):
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael S. Havard 0-673
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

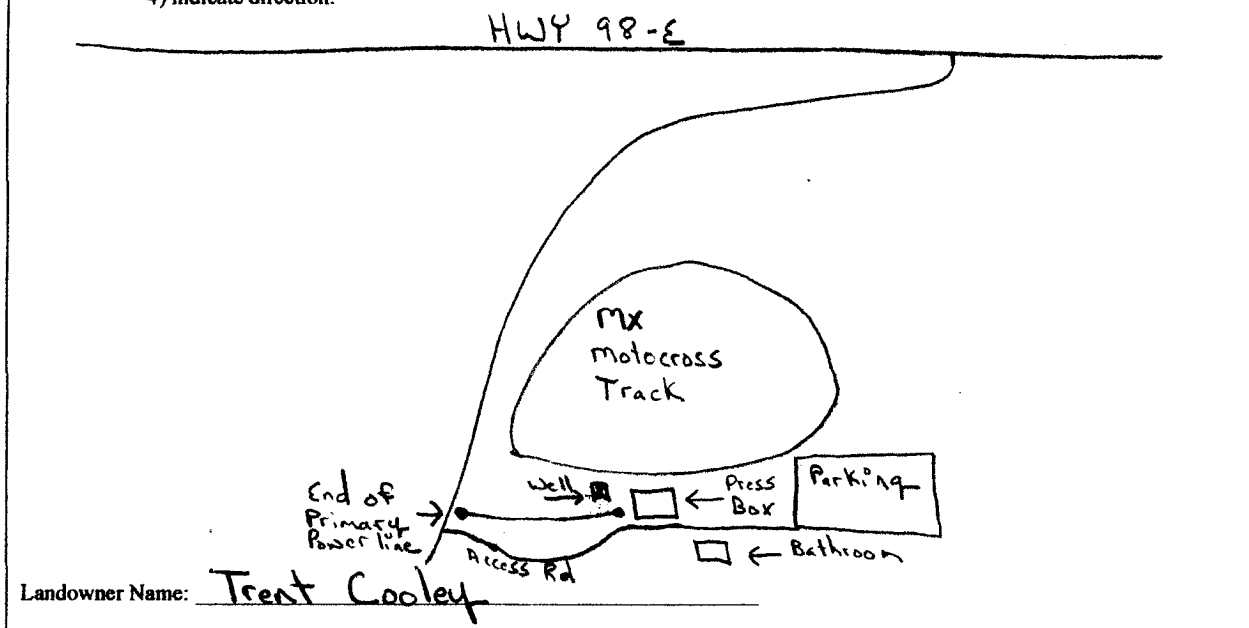
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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top sand	3	0
Clay, yellow	5	3
Clay, white	5	26
Clay, brown	6	35
Clay, pink	5	110
Clay, Blue	6	160
Silt, Blue	6	243
Clay, Blue	6	297
Sand, fine to med	3	293
Clay, Blue	5	295
Silt, Blue	6	327
Clay, Blue	6	390
Sand, fine to med	3	385
Clay, Blue	5	388
Silt, Blue	5	405
Clay, Blue	5	423
Sand, fine to med Blue	3	491
Sand, med, light blue	3	498

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.



Michael S. Hund
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)

County: Perry
Permit #: _____
Driller: Michael S. Havard
Date completed: 7-14-03

For Office Use Only:
Aquifer: _____
Well #: G-39
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 Owner Information	Well Location
Owner Name: <u>Trent Cooley</u>	Latitude: <u>N31°12.094</u> Longitude: <u>89°05.167</u>
Mailing Address: <u>P.O. Box 648</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>New Augusta MS 39462</u>	USGS quad. <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn T3N Rng R11W</u>
Telephone No. <u>(601) 964-3043</u>	Distance Direction Nearest Town
	<u>2.5 Miles South of New Augusta</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>1.5 HP</u>
Date Pump Installed: <u>7-14-04</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-14-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>73</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>89</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>32</u> GPM with a drawdown of
Test Pumping Rate: <u>32</u> Gallons Per Minute	<u>16</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

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

Michael S. Havard
Print Name of Pump Installer and License No. (if applicable)

Michael S. Havard
Signature of Pump Installer

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