

# STATE WELL REPORT

244

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wad  
 Date drilling completed: 08/13/19

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: N 27  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Wesely Cooley</u>	Latitude: <u>31°03'20"N</u> Longitude: <u>89°03'00"W</u>
Mailing Address: <u>1100 St John Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Brooklyn</u> MS <u>39452</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>13 12</u> T <u>10N</u> R <u>11W</u>
City State Zip Code	<u>9.9</u> Miles <u>S</u> of <u>New Augusta</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 08/13/19 Date drilling completed: 08/13/19 Hole depth: 50 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): None

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey Other (describe) Farm

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): Farm

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

Static Water Level: 25 feet  above or  below land surface Date measured: 08/13/19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 50 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: SCH 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WRAP

Screen slot size: .10 inches Setting depth: From 40 feet to 50 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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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 2309  
Jackson, MS 39225-2309

(601)961-5210

(601) 360-0535 (fax)

### For Office Use Only:

Well #: N 27

Aquifer: \_\_\_\_\_

County: Berry  
Permit #: \_\_\_\_\_  
Driller: Mike & Wade  
Date completed: 02/15/19  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location		
Owner Name: <u>Wesely Cooley</u>			Latitude: <u>31°03'20"N</u> Longitude: <u>89°03'06"W</u>		
Mailing Address: <u>1106 St John Rd</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Brooklyn</u> City	<u>MS</u> State	<u>39425</u> Zip Code	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>12</u> T <u>1N</u> R <u>11W</u>		
Telephone No. ( ) _____			<u>9.9</u> Miles (Distance)	<u>S</u> (Direction)	<u>New Augusta</u> (Nearest Town)

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>02/15/19</u>	Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>1</u>	Setting Depth: <u>50</u> feet Number of Stages: <u>15</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>02/15/19</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>25</u> Feet Below Land Surface	Pumping Water Level (B): <u>27</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Test Pumping Rate: <u>18</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: _____
Meter Model Number/Name: _____	Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: _____
Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.</i>	

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

<u>Michael R Fryfogle</u> Print Name of Pump Installer and License No. (if applicable)	<u>0408</u> Date	<u>02/16/19</u> Signature of Pump Installer
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BY OLWR

