

State Well Report Part I

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: Mike J. Wolf
 Date drilling completed: 12/20

For Office Use Only:
 Aquifer: _____
 Well #: R-30
 L.S. Elevation: Φ39
 B-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	Well Location
Owner Name: <u>Howard Cookran</u>	Latitude: <u>31.02561N</u> Longitude: <u>88.58.495W</u>
Mailing Address: <u>106 Garrison Dr</u>	Method of Lat/Long (circle one): Conventional Survey, <u>33</u>
<u>New Augusta, MS 39462</u> SW 1/4 SW 1/4 Sec <u>23</u> Twp <u>T1N</u> Rng <u>R10W</u>	USGS quad, (circle one) Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>14</u> of Nearest Town: <u>Jamies</u>
Telephone No.: _____	

Well Data

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

Date well drilling started: 12-8-06 Date well drilling completed: 12-8-06

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one): steel tape electric tape air line other: _____

Hole depth: 82 Well depth: 82 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 92 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 72 feet to 82 feet

Type of completion (circle all applicable): Gravel packed Underdrains Telescoped Open hole Natural Development

Other (describe): _____

Top of top pipe or 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.

Michael R. Fry 09/12 0468 Michael R. Fry
 Print Name of Water Well Contractor and License No. Signatures 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 10491
Jackson, MS 39208-0491
(601)961-5210
(800)834-6908 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-30

Elevation: 039

County: Perry

Permit #: _____

Driller: Mike & Wal

Date completed: 12-12-06

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>Howard Cochran</u>	Latitude: <u>31-02-56 N</u> Longitude: <u>088-58-49.5 W</u>
Mailing Address: <u>106 Garrison Dr</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey.
<u>New Augusta MS 39462</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>23</u> Twp <u>T1N</u> Rng <u>R10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> miles <u>E</u> of <u>Jarvis</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>12-12-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>72</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</u> Gallons Per Minute	<u>10</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael R Fry Fogal 0408 Michael R Fry Fogal 0408
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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12/20/06