

### 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 #: M-37  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 12-9-08

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>Paul Cochrell</u>	Latitude: <u>31°56'00"</u> Longitude: <u>89°36'00"</u>
Mailing Address: <u>218 SCR 71</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Magee</u> State: <u>MS</u> Zip Code: <u>39111</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 382-0365</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>8</u> Twn <u>1N</u> Rng <u>16W</u>
	Distance <u>5</u> Miles Direction <u>NW</u> of Nearest Town <u>MIZE</u>

**Well Data**

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

Date well drilling started: 12-9-08 Date well drilling completed: 12-9-08

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 12-9-08

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

Hole depth: 153 Well depth: 153 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 133 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 133 feet to 153 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: \_\_\_\_\_ 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.

David West 0-672 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
JAN 09 2009  
BY: OLWE



# 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: Smith  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 12-9-08

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: M-37  
 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>Paul Coxwell</u>	Latitude: <u>31°56'00</u> Longitude: <u>89°36'00</u>
Mailing Address: <u>218 SCR 71</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Magee</u> <u>MS</u> <u>39111</u>	USGS quad, Hand-held GPS, Survey-grade: <u>GPS</u>
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 8 Twn 1N Rng 16W</u>
Telephone No. <u>601382-0365</u>	Distance Direction Nearest Town <u>7c</u>
	<u>5 Miles NW of MIZE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-9-08</u>	Setting Depth: <u>100</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: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David West 0-672 David West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 JAN 09 2009  
 BY: OLWR