

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: SUNFLOWER 133
Permit #:
Driller: SIDNEY COOK
Date drilling completed: 2/22/05

For Office Use Only:
Aquifer: A96
Well #: ~~C-86~~
L. S. Elevation:
E-log #:

Sidney Cook Drilling Company Inc

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 MISS. DEPT OF CORRECTIONS, Mailing Address HWY 49 W, PARCHMAN, MS 38738, Telephone No.
Well Location: Latitude 33 52.3', Longitude 90 35.1', Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 SW 1/4 Sec 14 Twn 24N Rng 4W, Distance 7 Miles Direction E of SHELBY

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Hog Farm, Date well drilling started: 2/22/05, Date well drilling completed: 2/22/05, If flowing, method of flow regulation: Valve Other (describe), Static Water Level: 31 feet above or below (circle one) land surface, Date measured: 2/22/05, Method of Measurement (circle one) steel tape electric tape air line other, Hole depth: 120', Well depth: 120', Well grouted to a depth of 10 feet, Type of grout (circle one): Cement Bentonite Mix, Casing length: 80 feet, Casing diameter: 16 inches, Type of casing: Pvc, Screen length: 40 feet, Screen diameter: 16 inches, Type of screen: Pvc, Screen slot size: .050 inches, Setting depth: From 0 feet to 120 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.

Sidney Cook #0-289
Print Name of Water Well Contractor and License No.

Sidney Cook
Signature of Water Well Contractor

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MAR 17 2005
BY: OLWR

STATE WELL REPORT

Part 2

County: SUNFLOWER
 Permit #: _____
 Driller: SIGNET COOK
 Date completed: 3/4/05

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)

For Office Use Only:

Aquifer: A96
 Well #: ~~086~~
 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>Miss. Dept. of Corrections</u>	Latitude: 33° 52.3' Longitude: 90° 35.1' <u>33 56 46.2</u> <u>90 35 2.9</u>
Mailing Address: <u>HWY 49 W</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>PARCHMAN MS 38738</u> <small>City State Zip Code</small>	<u>SE ¼ SW ¼ Sec 14 Twn 24N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7 Miles EAST of SHELBY</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>15</u>
Date Pump Installed: <u>3/4/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>200</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 Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>31</u> 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.

MATT STEPHENS 0-743P
 Print Name of Pump Installer and License No. (if applicable)

Matt Stephens
 Signature of Pump Installer

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 MAR 17 2005
 BY: OLWR