

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 #: E-123
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: OW42110
Driller: Cook Drilling Co. Inc
Date drilling completed: April 2, 07

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>Pittman Edwards</u>	Latitude: <u>33° 50' 44" N</u>	Longitude: <u>89° 50' 48" W</u>	
Mailing Address: <u>502 S. First Ave.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>CLEVELAND MS. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec. 07 Twn 22N Rng 4W</u>		
Telephone No: <u>(601) 843-5488</u>	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Prentiss MS</u>		
Well Data			
Purpose of Well (circle one): <u>Home</u>	Industrial	Public Supply	Irrigation Fish Culture Other: _____
Date well drilling started: <u>April 2-07</u>	Date well drilling completed: <u>April 2-07</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: _____ feet above or below (circle one) land surface	Date measured: _____		
Method of Measurement (circle one): <u>steel tape</u>	electric tape	air line	other: _____
Hole depth: <u>140</u>	Well depth: <u>140</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u>	Bentonite	Mix	
Casing length: <u>100</u> feet	Casing diameter: <u>10</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>10</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>050</u> inches	Setting depth: From <u>100</u> feet to <u>140</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u>	Underreamed	Telescoped	Open hole Natural Development
Other (describe): _____			
Top of lap pipe reduction in casing: _____ feet	If telescoped or more than one screen, describe on back of page		
Logs run (circle all applicable): <u>No log run</u>	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.			
Print Name of Well Contractor and License No. <u>COOK Drilling Co. INC. 289</u>	Signature of Water Well Contractor: <u>[Signature]</u>		

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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-123

Elevation: _____

County: Shuford
Permit #: GW 42110
Driller: COOK Drilling Co. Inc
Date completed: APR 15-07

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>Pittman Edwards</u>	Latitude:	<u>33.50790</u> Longitude: <u>89.50484</u>
Mailing Address:	<u>502 S. First Ave.</u> <u>CLEVELAND MS. 38732</u>	Method of Lat/Long (circle one):	Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City	State	Zip Code	
Telephone No.	<u>(662) 843-5488</u>	Distance	Direction
		<u>5</u> Miles	<u>W</u> of <u>Drewma</u>

Pump Type Circle one		Power Type Circle one	
Air Lift	Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine	Gasoline Engine
Bucket	Piston	Electric Motor <input checked="" type="checkbox"/>	Hand
Centrifugal	Rotary	Windmill	Other (specify): _____
Other (specify):	Flowing Well	Horse Power Rating of Motor:	_____
Date Pump Installed:	<u>APR 15-07</u>	Setting Depth:	<u>70</u> feet
Rated Pump Capacity:	<u>500</u> Gallons Per Minute	Number of Stages:	<u>1</u>

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested:	_____	Air Line	Electric Measuring Line
Static Water Level (A):	<u>4.0</u> Feet Below Land Surface	Steel Tape	
Pumping Water Level (B):	_____ Feet Below Land Surface	Other (specify):	_____
Drawdown [(B)-(A)]:	_____ Feet Below Land Surface	For flowing well, measured shut in head:	_____ feet
Test Pumping Rate:	_____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	_____ hours	_____ feet after _____ hours of pumping	

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

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

Signature of Pump Installer

COOK Drilling Co. Inc 289

[Signature]

Ground Level

GW 42110

Description of Formations Encountered

From To

Description of Excavation		Depth	Area
2' clay		Top	65
sand		6.5	75
sand + gravel		7.5	140

Caling
100

40' screen

If more than one screen, show location of each on sketch

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; indicate direction.

~~4~~ We 11

1 mile
Tutunbu

Cleveland Brown

Dea

RECEIVED
AUG 06 2007
BY OLWP

Landowner Not

Pittman Edwards

Signature: _____ **Water Well Contractor**