

# 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-132  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jefferson  
Permit #: GW40897  
Driller: COOK DRILLING INC  
Date drilling completed: 7-29-08

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>Deputy Farms</u>	Latitude: <u>33° 47' 22" N</u> Longitude: <u>90° 38' 04" W</u>
Mailing Address: <u>1241 South Bishop Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland Ms. 38738</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 Sec 8 Twn 22 N Rng 4 W</u>
Telephone No: <u>662 843-5512</u>	Distance Direction Nearest Town
	<u>5 Miles NE of Cleveland MS</u>

**Well Data**

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

Date well drilling started: 7-29-08 Date well drilling completed: 7-29-08

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 7-29-08

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: 0.50 inches Setting depth: From 8 feet to 120 feet

Type of completion (circle all applicable): Gravel packed 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): 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.

COOK DRILLING INC. 289 [Signature]  
Print Name of Well Contractor and License No. Signature of Water Well Contractor

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**STATE WELL RETURN**

**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-132

Elevation: \_\_\_\_\_

County: Sunflower

Permit #: \_\_\_\_\_

Driller: Cook Drilling, Inc.

Date completed: 9-29-08

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>George Thomas</u>	Latitude: <u>33-47-231</u>	Longitude: <u>90-38-047</u>	
Mailing Address: <u>1249 South Bishop Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>		
<u>Cleveland Ms. 38932</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____		
Telephone No. <u>662) 843-5512</u>	Distance	Direction	Nearest Town
	<u>5</u> Miles	<u>NE</u> of	<u>Cleveland</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="radio"/> Jet	<input type="radio"/> Submersible	<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine
Bucket	<input type="radio"/> Piston	<input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	<input type="radio"/> Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>7-25-08</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2400</u> Gallons Per Minute			Number of Stages: <u>1</u>		

	Pump Test Data	Method of Measuring Water Level Circle one
	Date Well Tested: _____	Static Water Level (A): <u>28</u> Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown ((B)-A): _____ Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	<input type="radio"/> Steel Tape
		Other (specify): _____
		For flowing well, measured shut in head: _____ feet
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

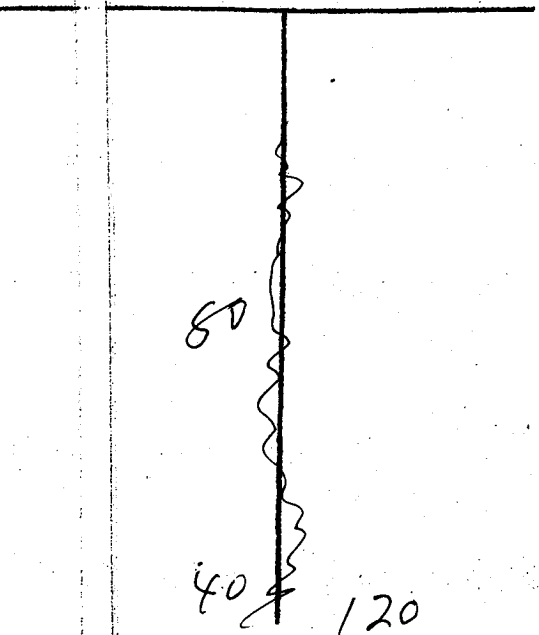
Cook Drilling, Inc. 289  
 Print Name of Pump Installer and License No. (if applicable)

Richard Cook  
 Signature of Pump Installer

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 BY: OLWR

E-132

Ground level

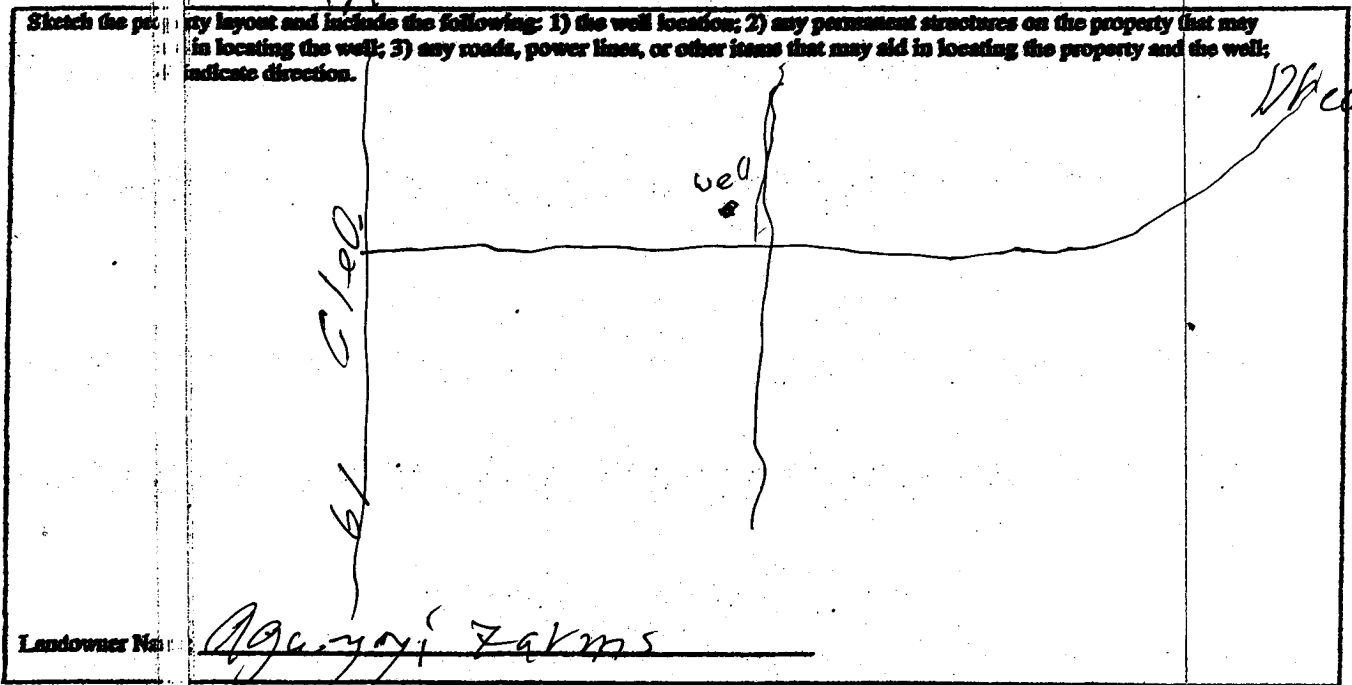


Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	70	110
Sand	50	65
Sand + Gravel	65	120

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



Landowner Name: Aguyayi Farms

Signature: [Handwritten Signature] Water Well Contractor

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