

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-125
L. S. Elevation: _____
E-log #: _____

County: SUNFLOWER
Permit #: 6W42113
Driller: COOK DRILLING Co.
Date drilling completed: May 27-07

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>Waddell Wat Adatts Farms</u>	Latitude: <u>33.30.981"</u> Longitude: <u>90.40.868"</u>
Mailing Address: <u>503 Augusta Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>52</u>
<u>Madison MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 Sec 11 Twn 19N Rng 5W</u>
Telephone No: <u>662, 887-2663</u>	Distance _____ Miles Direction <u>NW</u> of <u>Madison MS</u>
	Nearest Town <u>Eschola</u>

Well Data

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

Date well drilling started: May 27 Date well drilling completed: May 27 00

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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 30 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 Co. Inc. _____
Print Name of Well Contractor and License No. 289 Signature of Water Well Contractor

RECEIVED
AUG 11 2007
BY: OLWF

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)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-125

Elevation: _____

County: Sunflower
 Permit #: GW42113
 Driller: COOK Drilling Co. Inc.
 Date completed: May 27, 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 Owner Name: <u>W. Adkins</u> Mailing Address: <u>503 Augusta Street</u> <u>Indianola MS. 38757</u> City State Zip Code Telephone No.: <u>(662) 887-2663</u>	Well Location Latitude: <u>33-30-46</u> Longitude: <u>89-02-48</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Indianola MS</u>
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Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>June 10-07</u> Rated Pump Capacity: <u>2700</u> Gallons Per Minute	Power Type Circle one Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
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Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>4.0</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Method of Measuring Water Level Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
COOK Drilling Co. Inc.
 Print Name of Pump Installer and License No. (if applicable) 299 Signature of Pump Installer [Signature]

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 AUG 14 2007
 BY: OLWR