

# 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)

Per Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-126  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Southern  
Permit #: GW 42116  
Driller: Cook Drilling, Inc.  
Date drilling completed: June 1 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>Wade Farms</u>	Latitude: <u>33.28.319"</u>	Longitude: <u>90.41.22"</u>	<u>09041364</u>
Mailing Address: <u>503 Augusta Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Indianola MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Sec <u>26</u> Twn <u>19N</u> Rng <u>5W</u>	Distance: <u>4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Indianola MS</u>	
Telephone No: <u>662-887-2663</u>			

**Well Data**

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

Date well drilling started: June 1 07 Date well drilling completed: June 1 07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: June 1 07

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: 10" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 250 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of log 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

Siding Cook  
Signature of Water Well Contractor

RECEIVED  
AUG 1 2007  
BY: OLWR



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 39299-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-126

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

County: Stamper  
 Permit #: GW42116  
 Driller: Cook Drilling Co. Inc.  
 Date completed: June 10-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: <u>Waddell Farms</u>	Well Location
	Latitude: <u>33-28.37</u> Longitude: <u>89-41-364</u>
Mailing Address: <u>503 Augusta Street</u> <u>Indianola MS. 38751</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 887-2663</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>2 1/2</u> mi of <u>Indianola MS</u>

Air Lift	Pump Type Circle one	Power Type Circle one
	Jet <u>Submersible</u>	
Bucket	Piston <u>Flowing Well</u>	Electric Motor Hand Tractor PTO
Centrifugal	Rotary	Windmill Other (specify): <u>_____</u>
Other (specify): _____		Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>June 10-07</u>		Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute		Number of Stages: <u>1</u>

Date Well Tested: _____	Pump Test Data	Method of Measuring Water Level Circle one
	Static Water Level (A): <u>80</u> Feet Below Land Surface	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____
Drawdown (B): (A): _____ Feet Below Land Surface		For flowing well, measured slant in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Cook Drilling Co. Inc. 289  
 Print Name of Pump Installer and License No. (if applicable) Richard Cook  
 Signature of Pump Installer

RECEIVED  
 AUG 14 2007  
 BY: OLWR