

# 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 #: D-87  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Calhoun  
Permit #: GW42822  
Driller: Cook Drilling Co. Inc.  
Date drilling completed: 6-28-08

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>Michael Fluntt-Fluntt Jr.</u>	Latitude: <u>39° 01' 45.7"</u> Longitude: <u>90° 16' 8.55"</u>
Mailing Address: <u>P.O. Box 290</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, <u>51</u>
<u>Swan Lake, MS, 38458</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>S 22 N 1/4 Sec 22 Twn 25 N Rng 1 W</u>
Telephone No. <u>662, 375-8792</u>	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles <u>0</u> of _____

**Well Data**

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

Date well drilling started: 6-28-08 Date well drilling completed: 6-28-08

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 6-29-08

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): Concrete Bentonite Mix

Casing length: 90 feet Casing diameter: 10" inches Type of casing: PVC

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

Screen slot size: .050 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 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.  
Print Name of Well Contractor and License No. 289

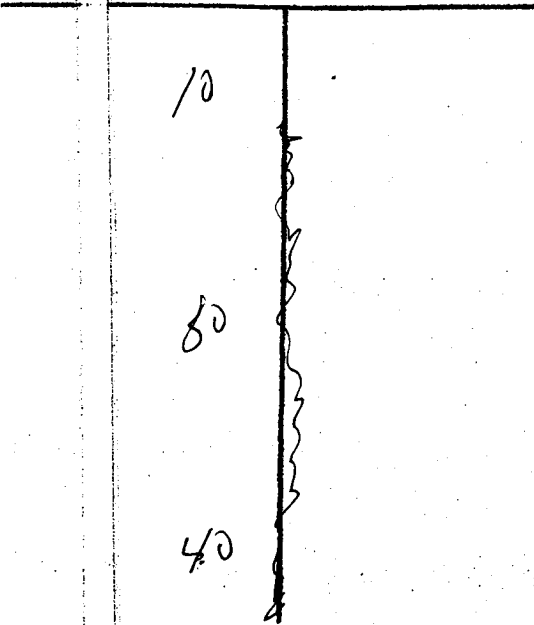
Lidney Cook  
Signature of Water Well Contractor

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AUG 12 2008  
BY: OLWR

D-87

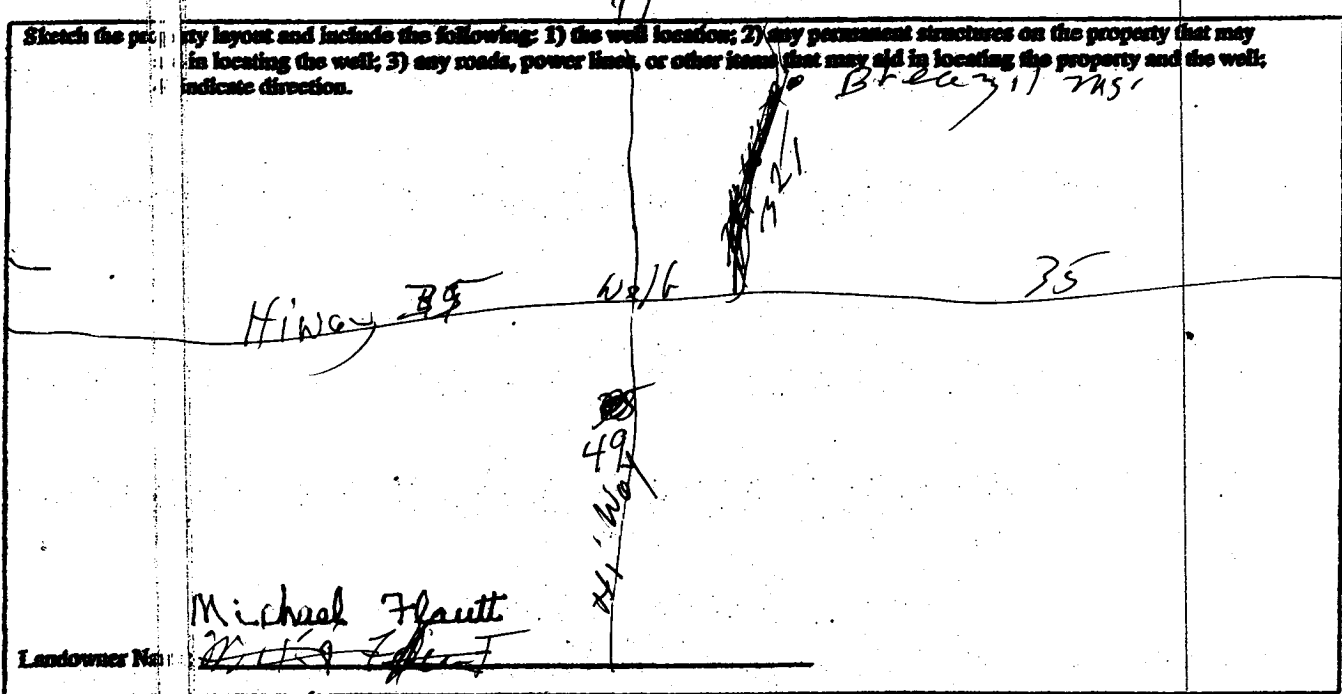
GW42822

Ground level



Description of Formations Encountered	From	To
sandstone	TOP	10
sand	10	35
sand (gravel)	35	120

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



Michael Flautt

Landowner Name

~~Mike Flautt~~

Mike Flautt

Cook Drilling Inc

Signature

Water Well Contractor

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

County: Jackson  
 Permit #: 66-42820  
 Driller: Cook Milling Co. Inc.  
 Date completed: 6-29-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-87  
 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>Michael Flauth, Flauth Farms</u>	Latitude: <u>34-01-45.9</u> Longitude: <u>90-16-86.5</u>
Mailing Address: <u>P.O. Box 290</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Swain Lake, Ms. 38958</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>662, 375-8792</u>	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles <u>in</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____	Diesel Engine Electric Motor Windmill
Jet Piston Rotary	Gasoline Engine Hand Other (specify): _____
<u>Submersible</u>	Natural Gas Tractor PTO
Date Pump Installed: <u>6-29-08</u>	Horse Power Rating of Motor: <u>30 H.P.</u>
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Setting Depth: <u>60</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</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.

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

[Signature]  
 Signature of Pump Installer

RECEIVED  
 AUG 12 2008  
 BY: OLWR