

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 #: D-88
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: GW42823
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 Hunt-Hunt Farmer</u>	Latitude: <u>34° 01' 29.1"</u> Longitude: <u>90° 16' 15.2"</u>
Mailing Address: <u>P.O. Box 290</u>	Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>09</u>
<u>Swan Lake, Ms. 38958</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 23 Twn 25N Rng 1W</u>
Telephone No: <u>662, 375-8792</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Prezler, ms</u>

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): 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 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 Co. Inc. 289 Sidney Cook
Print Name of Driller Well Contractor and License No. 289 Signature of Water Well Contractor

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BY: OLWR

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

For Office Use Only:

Acquifer: _____

Well #: D-88

Elevation: _____

County: Lauderdale
 Permit #: GW42823
 Driller: COOK Drilling Co. Inc.
 Date completed: 6-29-08

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>Michael Flutt - Flutt Farms</u>		Latitude: <u>34-01-292</u>	Longitude: <u>90-16-152</u>
Mailing Address: <u>P.O. Box 290</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Swan 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>1/2 Miles S of Beazley MS</u>	
		<u>Well 8 miles N</u>	

	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="radio"/> Jet	<input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine
Bucket	<input type="radio"/> Piston	<input checked="" type="radio"/> Turbine	<input 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	<input checked="" type="radio"/> Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>100</u>		
Date Pump Installed: <u>6-25-08</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>1500</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line
Static Water Level (A): <u>20</u> Feet Below Land Surface		<input checked="" type="radio"/> Steel Tape	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown [(B)-A]: _____ Feet Below Land Surface		For flowing well, measured static 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.

COOK Drilling Co.
 Print Name of Pump Installer and License No. (if applicable) 289

Libby Cook
 Signature of Pump Installer

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