

# 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 #: K-106  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW42510  
Driller: Cook Drilling Co.  
Date drilling completed: Jan 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>Thomas Prester &amp; Nancy Barrett</u>	Latitude: <u>33° 47' 43.9"</u> Longitude: <u>90° 03' 55.8"</u>
Mailing Address: <u>P.O. Box 987 Lexington, MS 39095</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
Telephone No: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec. A Twn 24N Rng 1E</u>
	Distance _____ Direction _____ Nearest Town _____ <u>8 Miles E of Well MS-</u>

**Well Data**

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

Date well drilling started: 1-28-08 Date well drilling completed: 1-28-08

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

Static Water Level: \_\_\_\_\_ 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: 12" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: 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.

Sigmond Cook Drilling Co. Inc.  
Print Name of Well Contractor and License No. 289

Sigmond Cook  
Signature of Water Well Contractor

RECEIVED  
MAR 03 2008  
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 39289-0631  
 (601)961-3210  
 (601)354-6938 (fax)

For Office Use Only:

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

Well #: K-106

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

County: Jackson  
 Permit #: \_\_\_\_\_ Co  
 Driller: Cook Drilling  
 Date completed: 1-29-08

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>Thomas Prester + Nancy Barrett</u>		Latitude: <u>33.47439</u>	Longitude: <u>90.03-455</u>
Mailing Address: <u>P.O. Box 987</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Lexington MS 39095</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City _____ State _____ Zip Code _____		_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____	
Telephone No. _____		Distance _____	Direction _____ Nearest Town _____
		<u>8</u> Miles <u>E</u> of <u>U20/6 MISS</u>	

	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="checkbox"/> Jet	<input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine
Bucket	<input type="checkbox"/> Piston	<input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>40</u>		
Date Pump Installed: <u>1-29-08</u>			Setting Depth: <u>60</u> feet	RECEIVED MAR 03 2008 BY: OLWR	
Rated Pump Capacity: <u>1200</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		<input type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line
Static Water Level (A): <u>16</u> Feet Below Land Surface		<input type="checkbox"/> Steel Tape	
Pumping Water Level (B): <u>16</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B)-(A)]: _____ Feet Below Land Surface		For flowing well, measured static 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.  
Richard Coel DRILLING CO., INC. Richard Coel  
 Print Name of Pump Installer and License No. (if applicable) 289 Signature of Pump Installer