

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-107
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: GW42509
Driller: COOK Drilling Co. Inc.
Date drilling completed: 1-28-08

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 + Nancy Barrett</u>	Latitude: <u>33° 58' 48"</u>	Longitude: <u>90° 11' 59"</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	<u>SW 1/4 NE Sec 4 Twn 24 N Rng 1 E</u>				
Telephone No: _____	Distance: <u>8</u> Miles	Direction: <u>E</u> of Nearest Town: <u>Lexington MS</u>			

Well Data	
Purpose of Well (circle one): <u>Irrigation</u>	Home Industrial Public Supply Fish Culture Other: _____
Date well drilling started: <u>1-28-08</u>	Date well drilling completed: <u>1-28-08</u>
If flowing, method of flow regulation: <u>Valve</u>	Other (describe): _____
Static Water Level: <u>16</u> feet above or below (circle one) land surface	Date measured: <u>1-29-08</u>
Method of Measurement (circle one): <u>steel tape</u>	electric tape air line other: _____
Hole depth: <u>120'</u> Well depth: <u>120'</u>	Well grouted to a depth of <u>10'</u>
Type of grout (circle one): <u>Cement</u>	Bentonite Mix
Casing length: <u>80</u> feet	Casing diameter: <u>12</u> inches
Screen length: <u>40</u> feet	Screen diameter: <u>12</u> inches
Screen slot size: <u>.50</u> inches	Setting depth: From <u>80'</u> feet to <u>120</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u>	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): <u>No log run</u>	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. Sidney Cook
Print Name of Well Contractor and License No. 289 Signature of Water Well Contractor

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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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-107

Elevation: _____

County: Jackson

Permit #: _____

Driller: Cook Drilling Inc.

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>Sharon Prester + Nancy Barrett</u>		Latitude: <u>33 58 48.3</u>	Longitude: <u>90 11 57.9</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>Waltham MS</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand 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
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>2</u>

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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>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static 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.

William Cook Print Name of Pump Installer and License No. (if applicable) 289 William Cook Signature of Pump Installer