

M. Cochran

# 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 #: N147  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME 0-773  
Date drilling completed: 6-8-09

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>Rawm Planting Co</u>	Latitude: <u>33° 10' 13"</u> Longitude: <u>91° 00' 45"</u>
Mailing Address: <u>C/O Marvyn Cochran</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>P.O. Box 115</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Avon MS 38723</u>	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>3</u> Twn <u>15N</u> Rng <u>8W</u>
City State Zip Code	SE SW Direction Nearest Town
Telephone No. ( ) _____	<u>8.5</u> Miles <u>WEST</u> of <u>HOLLANDALE</u>

**Well Data**

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

Date well drilling started: 6-8-09 Date well drilling completed: 6-8-09

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 100 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or 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 the 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.

JOHN NEWCOME 0-773 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
JUL 15 2009  
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)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N1A7  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: J. Newcome  
 Date completed: 6/9/09

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>Rawlin Planting Co</u>	Latitude: <u>33° 10' 13"</u> Longitude: <u>91° 00' 45"</u>
Mailing Address: <u>C/O Marvin Cochran</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. (____) _____	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>3</u> Twn <u>15N</u> Rng <u>8W</u>
	<u>SE</u> <u>SW</u> Distance _____ Direction _____ Nearest Town _____
	<u>8.5</u> Miles <u>WEST</u> of <u>Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6/10/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	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>NOT TESTED</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.

Cony Rowe 0-711P  
 Print Name of Pump Installer and License No. (if applicable)

C Rowe  
 Signature of Pump Installer

**RECEIVED**

JUL 15 2009

BY: OLWR