

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-43
L. S. Elevation: _____
E-log #: _____

County: W Yazoo
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: Oct 11, 2006

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>James Cooley</u>	<u>Well # 2</u>	Latitude: _____	Longitude: _____
Mailing Address: <u>310 - Miss Dr</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>W Yazoo, MS 39387</u>	City State Zip Code	<u>7</u> $\frac{1}{4}$ <u>31</u> Sec <u>9N</u> Rng <u>17E</u>	
Telephone No. <u>(601) 735-4022</u>		Distance <u>6 1/2</u> Miles	Direction <u>E</u> of Nearest Town <u>W Yazoo</u>

Well Data

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

Date well drilling started: 10-3-06 Date well drilling completed: 10-11-06

If flowing, method of flow regulation: Valve _____ Other (describe) 7 days to drill 120'

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10-11-06

Method of Measurement (circle one) steel tape electric tape air line other: Spring

Hole depth: 120 Well depth: 28 ft. Well grouted to a depth of 4 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 9100 feet Casing diameter: 7 inches Type of casing: PVC

Screen length: 238 feet Screen diameter: 42 inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 4 feet to 24 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.

McDonald & Hill Inc. #08 Harold Hill

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

This well maybe located in a fault area. Neighbor said their well was 400 ft. deep & they pumped 2-3 GPM?

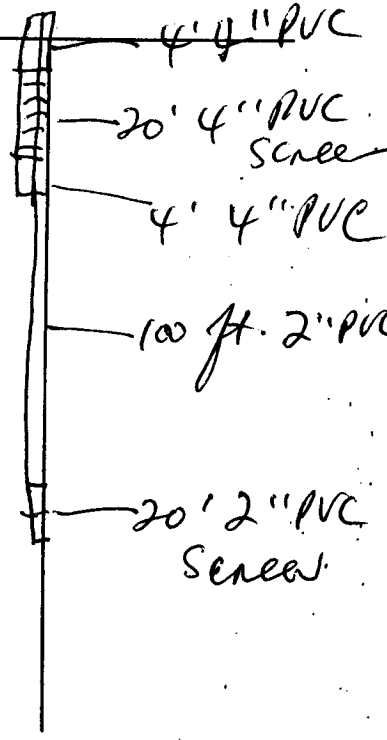
RECEIVED
OCT 30 2006
BY: OLWR

K-43

If well telescopes please sketch below and show depths.

Ground Level

Very weak well

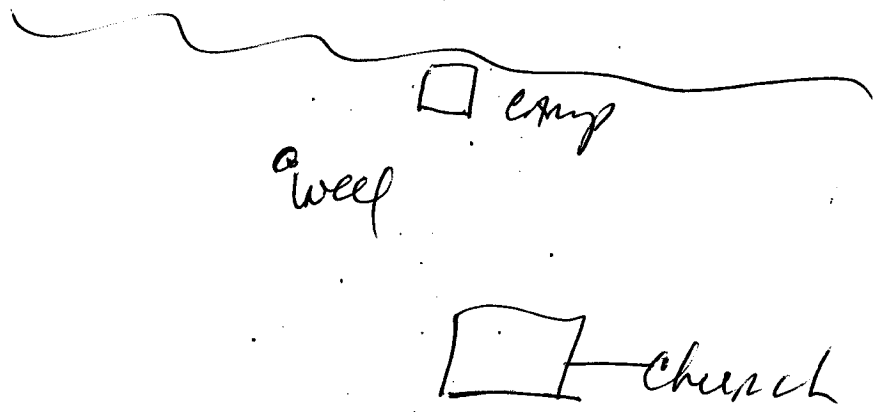


Description of Formations Encountered	From	To
Top Soil	0	4
Coarse SAND	4	15
Shale	15	27
Rock	27	30
Rock	30	40
HARD CHALK	40	60
SOFT CHALK	60	80
Shale	100	120
THIS IS A 4" well WITH A 2" well INSIDE w/ A jet pump.		

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Note: well #1 Drilled 6-26-06 would not pump any water.



Landowner Name: James Cooley

Harold Hill
Signature of Water Well Contractor

RECEIVED
OCT 31 2006
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)

County: Wazyele
 Permit #: _____
 Driller: _____
 Date completed: 10-13-06

For Office Use Only:

Aquifer: _____
 Well #: K-43
 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>James Corley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>310 Miss Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Wazyeleboro, MS</u> <u>39267</u> 1/4 _____ 1/4 Sec <u>31</u> Twn <u>9N</u> Rng <u>17E</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 735-4022</u>	<u>6 1/2</u> Miles <u>E</u> of <u>Wazyeleboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-13-06</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>2</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

McDonnell & Hill, Inc. 08 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 OCT 20 2006
 BY: OLWR