

# State Well Report

## Part I

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: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv  
 Date drilling completed: 6-16-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 5-111  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Tommy Cooley</u>	Latitude: <u>31.33621</u> Longitude: <u>88.38456</u>
Mailing Address: <u>Cooley Run Farm</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>P.O. Box 106</u>	<input checked="" type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>Clara MS 39324</u>	SE 1/4 NE 1/4 Sec <u>24</u> Twn <u>7N</u> Rng <u>7W</u>
City State Zip Code	Distance <u>1.4</u> Miles Direction <u>ESE</u> of Nearest Town <u>Clara</u>
Telephone No. <u>(601)410-3024</u>	

Well Data

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

Date well drilling started: 6-12-08 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 63 feet above or below (circle one) land surface Date measured: 6-16-08

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

Hole depth: 237 Well depth: 236 Well grouted to a depth of 53 feet

Type of grout (circle one):  Cement  Bentonite Mix

Casing length: 216 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 216 feet to 236 feet

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

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

Top of log 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.

Wilbur T. Baughman 0410 Wilbur T. Baughman  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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: Wayne  
Permit #: \_\_\_\_\_  
Driller: A-1 Drilling Ser  
Date completed: 6-18-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: S-111  
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>Tommy Cooley</u>	Latitude: <u>31 38 621</u> Longitude: _____
<del>Mailing Address:</del> <u>Cooley Run Farm</u> <u>P.O. Box 106</u> <u>Clara MS 39324</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <del>USGS quad</del> <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 24 Twn 7N Rng 7W</u>
Telephone No. <u>(601) 410-3024</u>	Distance Direction Nearest Town <u>1/4</u> Miles <u>ESE</u> of <u>Clara</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>160</u> feet Number of Stages: <u>15</u>
Date Pump Installed: <u>6-18-08</u>	
Rated Pump Capacity: <u>55</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Sonic</u>
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.

Wilbur T. Baughman 0410 Wilbur T. Baughman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 02 2008

BY: OLWR