

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

For Office Use Only:

Aquifer: _____
 Well #: A121
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: 42827
 Driller: Cook Drilling Co. Inc.
 Date drilling completed: May 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>Rabbin + Long Farms</u>	Latitude: <u>34° 00' 24.8"</u> Longitude: <u>90° 51' 49.0"</u>
Mailing Address: <u>P.O. Box 575</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rosedale</u> <u>Ms.</u> <u>38969</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 30 Twn 25N Rng 6W</u>
Telephone No: <u>662, 759-3511</u>	Distance Direction Nearest Town
	<u>0</u> Miles <u>SE</u> of <u>Gunison</u>

Well Data

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

Date well drilling started: May 28, 08 Date well drilling completed: 5-28-08

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 5-28-08

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.25 inches Setting depth: From 90 feet to 120 feet

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

Other (describe): _____

Top of lap pipe production 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.

Print Name of Driller: Cook Drilling Inc. License No. 289

Signature of Water Well Contractor: [Signature]

SHALLOW 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 #: A121
 Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: 5-28-08

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>Robbino + Long Farms</u>	Latitude: <u>34-01-24.45"</u>	Longitude: <u>90-51-49.29"</u>	
Mailing Address: <u>P.O. Box 575</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Rosedale, MS. 38969</u>	<u>SW 1/4 NE 1/4 Sec 30 Twn 25N Rng 6W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>(662) 759-3511</u>	<u>6</u> Miles	<u>SE</u>	<u>off Highway MS</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>100</u>		
Date Pump Installed: <u>5-28-08</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2400</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
Static Water Level (A): <u>22</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): _____ 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.
Cook Drilling Co. Inc.
 Print Name of Pump Installer and License No. (if applicable) 289 Richard Cook
 Signature of Pump Installer