

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)

County: Bolivar
 Permit #: 408206
 Driller: Cook Drilling Inc.
 Date drilling completed: 6-1-08

For Office Use Only:

Aquifer: _____
 Well #: D100
 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>Robbins + Loney Farms</u>	Latitude: <u>33.58.213</u> Longitude: <u>90.60.644</u>
Mailing Address: <u>P.O. Box 575</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rose Dale MS. 38769</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>R 14 IR 14 Sec 5 Twn 24N Rng 6W</u>
Telephone No: <u>662.759-3511</u>	Distance _____ Direction _____ Nearest Town _____
	<u>5 Miles NE of Thurgood</u>

Well Data

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

Date well drilling started: June 1 08 Date well drilling completed: _____

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-1-08

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: 40 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed 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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

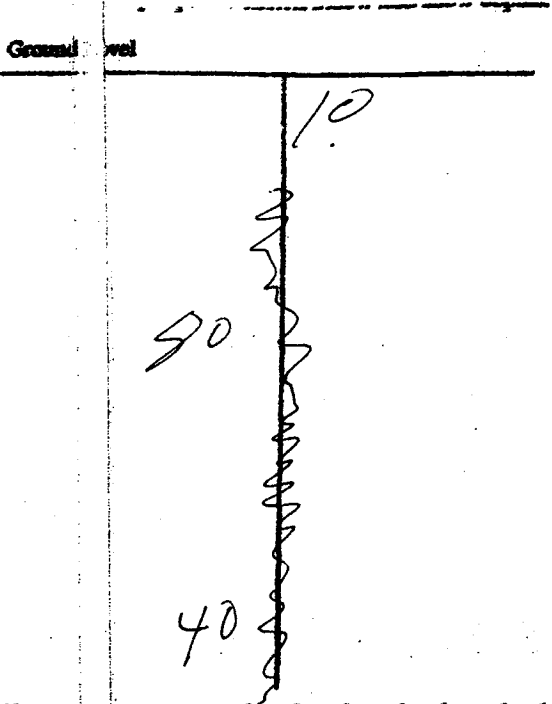
Name of organization running log(s): _____

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/Well Contractor and License No. COOK Drilling Inc. 189

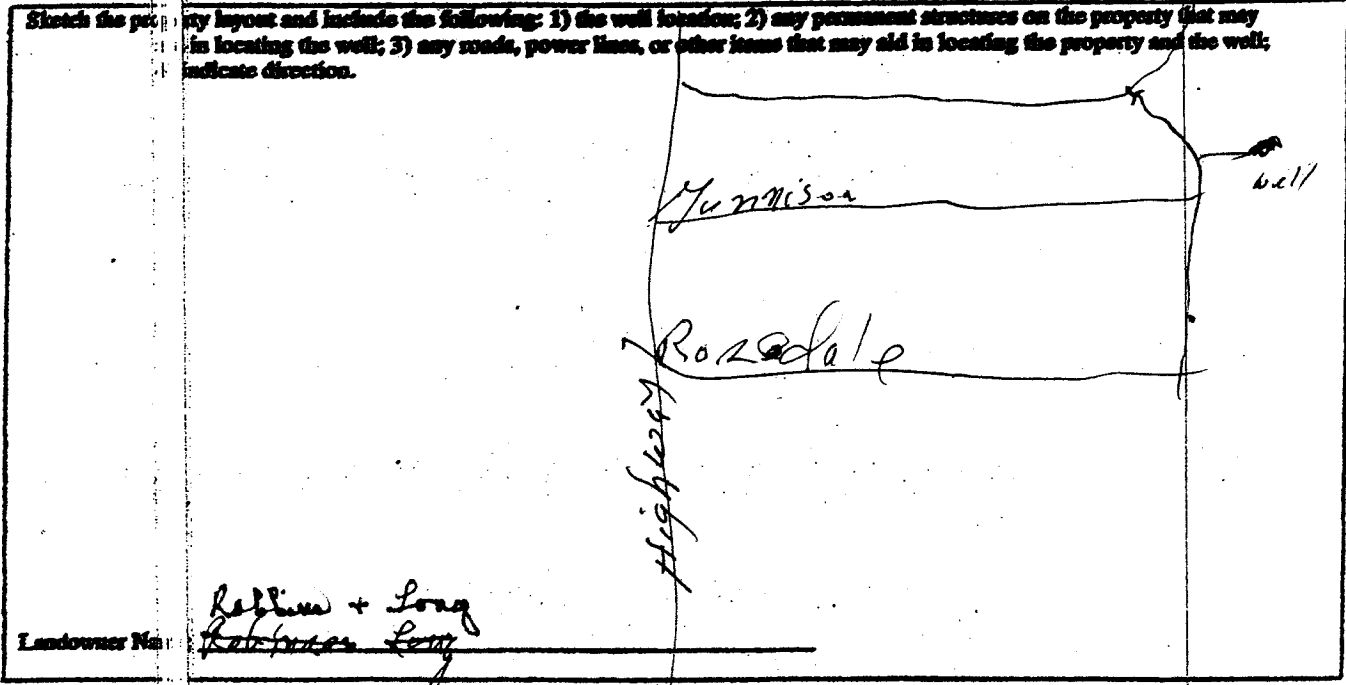
Signature of Water Well Contractor: [Signature]

408206



Description of Formations Encountered	From	To
Clay	10	20
Sand	20	60
Sand + gravel	60	120

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



Landowner Name: Rehman + Long
Rehman Long

Shirley Coak
 Signature: Water Well Contractor

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 #: D166
 Elevation: _____

County: Nolichucky
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date completed: 6-3-06

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 Owner Name: <u>Robbin + Sony James</u> Mailing Address: <u>P.O. Box 575</u> <u>Rose Lake, MS. 38769</u> City State Zip Code Telephone No. <u>662-759-3511</u>		Well Location Latitude: <u>33° 18' 43"</u> Longitude: <u>90° 50' 39"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng Distance Direction Nearest Town <u>5 Miles NE of Thompson</u>	
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Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>6-3-08</u> Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Pump Type Circle one Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Power Type Circle one <u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>100</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
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Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>22</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B)-(A)): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Method of Measuring Water Level Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable): Cook Drilling Co. Inc. 289
 Signature of Pump Installer: [Signature]