

# 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 #: F-228  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: CW426-E9  
Driller: Cook Drilling  
Date drilling completed: June 10-08

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>Tabb Farms Partnership</u>	Latitude: <u>33°49'33"</u>	Longitude: <u>90°55'02"</u>	
Mailing Address: <u>1311 College Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Cleveland MS 38732</u>	<u>S1W1N1/4 Sec 22 Twn 23R Rng 7W</u>		
City State Zip Code	Distance	Direction	Nearest Town
<u>662, 843-1904</u>	<u>5 Miles</u>	<u>West of Paces MS</u>	
Well Data			
Purpose of Well (circle one): <u>Irrigation</u>	Home	Industrial	Public Supply
Date well drilling started: <u>June 10-08</u>	Date well drilling completed: <u>June 10-08</u>		
If flowing, method of flow regulation: <u>Valve</u>	Other (describe): _____		
Static Water Level: <u>28</u> feet above or below (circle one) land surface	Date measured: _____		
Method of Measurement (circle one): <u>steel tape</u>	electric tape	air line	other: _____
Hole depth: <u>120</u>	Well depth: <u>120</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u>	Bentonite	Mix	
Casing length: <u>80</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches	Setting depth: From <u>80</u> feet to <u>120</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u>	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): <u>No log run</u>	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 Well Contractor and License No. <u>Cook Drilling Inc 289</u>	Signature of Water Well Contractor <u>[Signature]</u>		

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STATE 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)961-9210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-228  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Cook Drilling  
 Date completed: Jan 16-08

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>Table Farms Partnership</u>	Latitude: <u>33-49-888</u> Longitude: <u>90-55-022</u>
Mailing Address: <u>1311 College Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland Ms. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng
Telephone No. <u>662, 843-1904</u>	Distance Direction Nearest Town
	<u>5 Miles W of Pace ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1-12-08</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 Steel Tape
Static Water Level (A): <u>28</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown ((B)-(A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ 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 Inc 287 Submy Cook  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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