

# 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-229  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: CW42688  
Driller: Cook Drilling  
Date drilling completed: June 16, 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>Tall Farms Partnership</u>	Latitude: <u>33° 50' 44"</u> Longitude: <u>90° 61' 86"</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	<u>SW 1/4 SW 1/4 Sec 22 Twn 23N Rng 7W</u>
Telephone No: <u>(662) 843-1904</u>	Distance Direction Nearest Town
	<u>6.27 Miles N-W of Paces</u>

**Well Data**

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

Date well drilling started: June 10, 08 Date well drilling completed: June 16, 08

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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: 0.50 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): \_\_\_\_\_

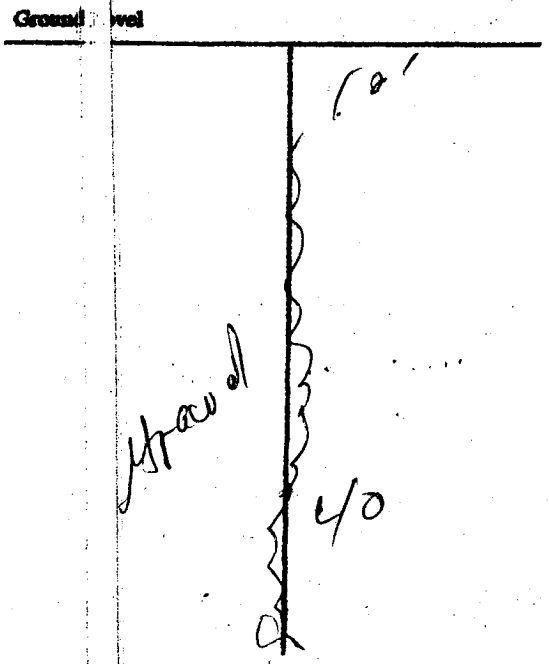
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Cook Drilling Inc Print Name of Well Contractor and License No. 287

Sibbie Roof Signature of Well Contractor

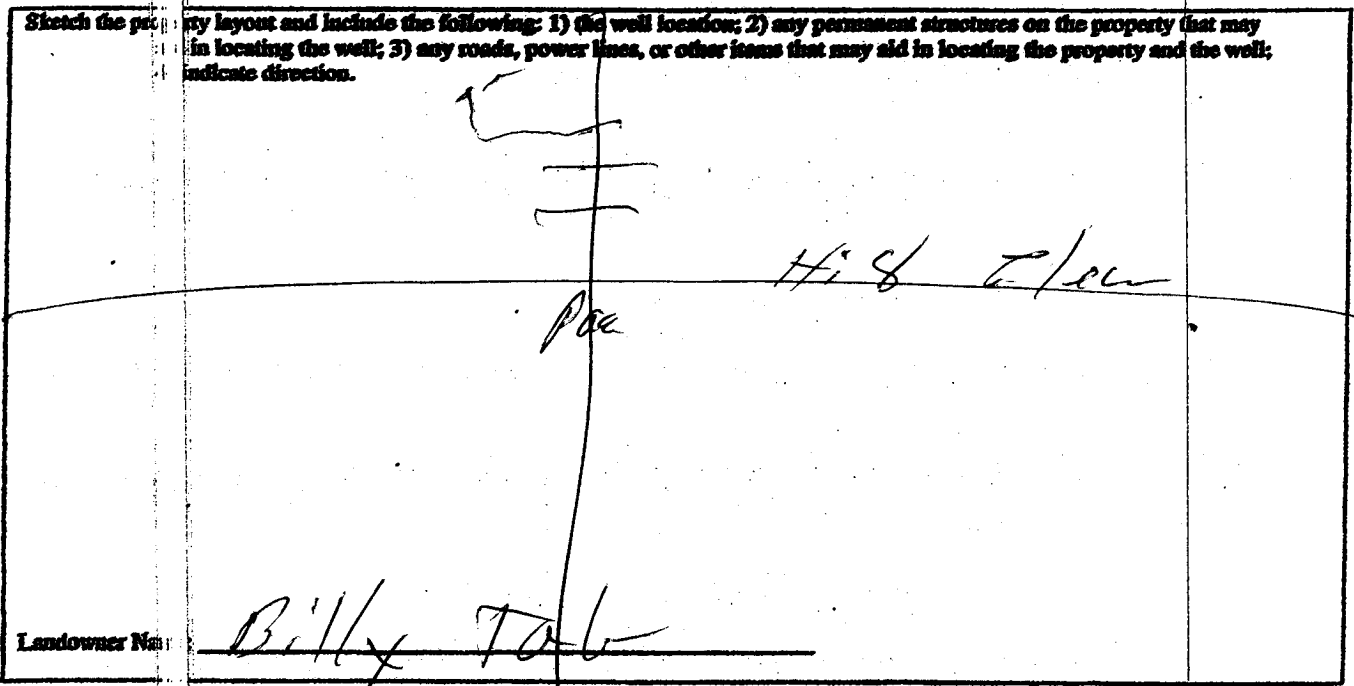
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Description of Formations Encountered	From	To
Clay sand gravel	40'	40'
	100'	75'
	75'	120'

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



Landowner Name

Billy Tab

*Sidney Cook*

Signature: Water Well Contractor

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

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: F-229

Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Cook Drilling  
 Date completed: 8-10-08

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>T&amp;B Farms Partnership</u>	Latitude: <u>33°50'44" N</u>	Longitude: <u>90°41'56" W</u>	
Mailing Address: <u>1311 College Street</u>	<u>49 27</u>	<u>55 02</u>	
<u>Cleveland Ms 38732</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No: <u>(663) 843-1904</u>	<u>1/4</u>	<u>1/4</u> Sec	Twn <u>    </u> Rng <u>    </u>
	Distance	Direction	Nearest Town
	<u>4</u> Miles	<u>N.W</u> of	<u>Pace MS</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine
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>July 11-08</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): _____ 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 Inc 285 Lidner Cook  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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