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State Well Report Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39288-0631
(601) 361-3210
(601) 354-4955 (fax)

Company: Delivar
 Permit #: GWA0818
 Driller: Sidney Cook
 Date drilling completed: 11-5-06

For Office Use Only:
 Apprifer: _____
 Well #: E-231
 L. S. Number: F266
 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>Robina & Sonny</u>	<u>Robbins & Long</u>	Latitude: <u>33° 45' 72" N</u>	Longitude: <u>91° 50' 73" W</u>
Mailing Address: <u>P.O. Box 575</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Rosalee</u>	<u>38719</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____	State: _____	Zip Code: _____	
Telephone No.: _____		SW 1/4 SW 1/4 Sec. <u>2</u>	Twp. <u>23N.</u> Rng. <u>8W</u>
		Distance _____ Miles	Direction _____
			Nearest Town: <u>Greenwood</u>

Well Data

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

Date well drilled started: 11-5-06 Date well drilling completed: 11-5-06

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): stamper 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 Slur

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: 50 inches Setting depth: From 80' feet to 120' feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development
Other (describe): _____

Top of log 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 casing: _____

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

Cook Drilling Inc. _____
 Print Name of Driller or Well Contractor and License No. Signature of Water Well Contractor

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 JAN 18 2007 JAN 11 2007
 BY: OLWR BY: OLWR

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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: Bolivar
 Permit #: _____
 Driller: Sidney Cook
 Date completed: 1-5-06
Copy information from back on Part 1

For Office Use Only:
 Aquifer: F26b
 Well #: 281
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Robina + Geng</u>	Latitude: <u>33-45-28 N</u> Longitude: <u>90-50-39 W</u>
Mailing Address: <u>P.O. Box 575</u>	Method of Lat/Long (check one): Conventional Survey <u>13</u>
<u>Roanoke MS 3874</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>23N</u> R <u>8W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>NE</u> of <u>Jennifers MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11-20-06</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>1500</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): _____ Feet Below Land Surface	Other (specify): _____
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.

Sidney Cook
 Print Name of Pump Installer and License No. (if applicable)

Sidney Cook
 Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 JAN 11 2007
 BY: OLWR