

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 #: G-230
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: GW42147
 Driller: COOK Drilling Co., Inc.
 Date drilling completed: June 10-07

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>Aguzzi Farm</u>	Latitude: <u>33 42 55</u>	Longitude: <u>90 51 17.2</u>	
Mailing Address: <u>9241 South Bishop Rd. Cleveland MS 38732</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	Distance: <u>SE 1/4 Sec 31</u> Twn <u>23N</u> Rng <u>6W</u>		
Telephone No: <u>(662) 843-5512</u>	Direction: <u>SE</u>	Nearest Town: <u>Aggers MS</u>	

Well Data

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

Date well drilling started: June 10-07 Date well drilling completed: June 10-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: June 10 07

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 16" inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 84 feet to 124 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 Water Well Contractor and License No. COOK Drilling Co., Inc. 289

Signature of Water Well Contractor: [Signature]

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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)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: G-230
 Elevation: _____

County: Bolivar
 Permit #: GW42147
 Driller: Cook Drilling Co. INC.
 Date completed: June 15-07

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		33.47453 Well Location ³⁷ 90.51172	
Owner Name: <u>Quigg Farms</u>		Latitude: 33.47453	Longitude: 90.51172
Mailing Address: <u>1241 South Bishop Rd.</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) 843-5512</u>		Distance	Direction
		<u>3/4</u> Miles	<u>N</u> of <u>PAC. MS.</u>

Pump Type Circle one	Air Lift	Jet	Submersible	Power Type Circle one	Diesel Engine	Gasoline Engine	Natural Gas
	Bucket	Piston	<u>Turbine</u>		<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Other (specify): _____	Windmill	Other (specify): _____		
Other (specify): _____				Horse Power Rating of Motor: <u>60</u>			
Date Pump Installed: <u>June 15-07</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	Date Well Tested: _____	Method of Measuring Water Level Circle one	Air Line	Electric Measuring Line	<u>Steel Tape</u>
	Static Water Level (A): <u>40</u> 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.
 Print Name of Pump Installer: Cook Drilling Co. INC. License No. (if applicable) 289
 Signature of Pump Installer: [Signature]

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