

lat/long wrong
STR wrong
Map useless

County: Bolivar
 Permit #: MS-GW-44162
 Driller: Cork Oleg. Co., Inc.
 Date drilling completed: 5-5-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: ATG
 Well #: G 264
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Aquije Farms PTK</u> Mailing Address: <u>1241 S. Bishop</u> <u>Cleveland Ms. 38732</u> City State Zip Code Telephone No. <u>662 843-5512</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 08' 33"</u> Longitude: <u>90° 13' 29"</u> 33 08 33 90 13 29 ³³ ₀₇ ₄₃ Method of Lat/Long (circle one): Conventional Survey</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>17</u> <u>20</u> 17 20 20 23N 6W ²⁰ ₂₀ _{23N} _{6W} Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 5-5-10 Date drilling completed: 5-5-10 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
 Seismic Survey ___ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-5-10

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 050 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 or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

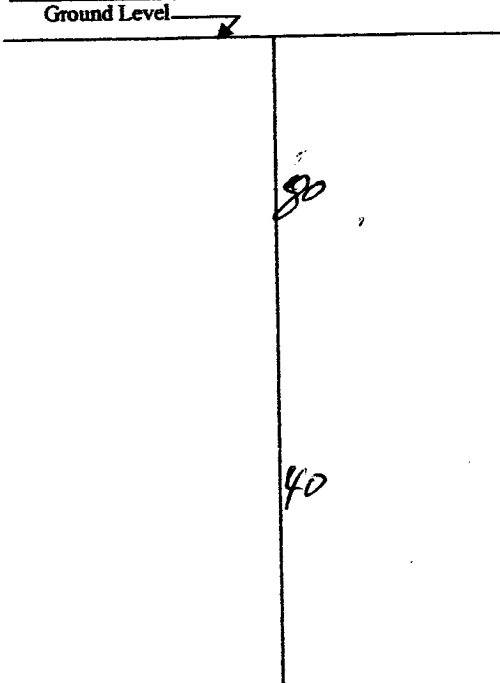
RECEIVED
 JUN 17 2010
 BY: OLWR

6264

The sketch below only required for water wells

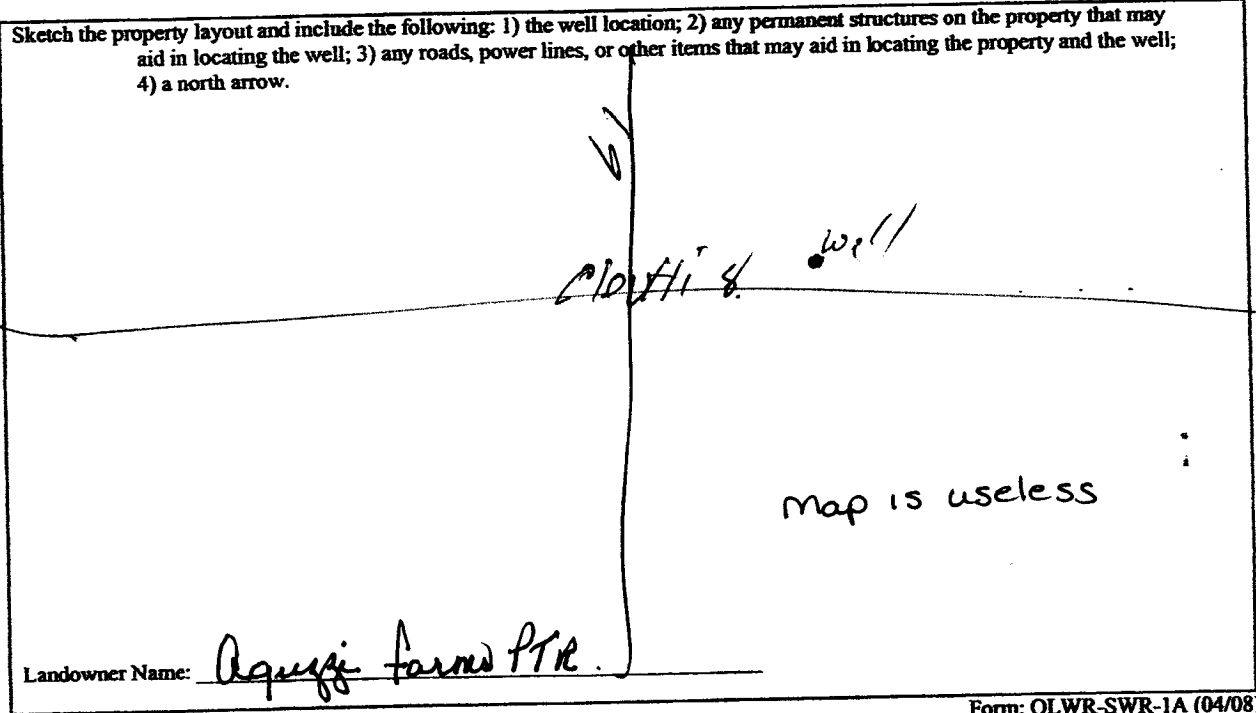
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	50
sand	50	78
sand & gravel	78	120

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



Form: OLWR-SWR-1A (04/08)

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

COOK Dalg. Co., Inc. 289
Print Name of Responsible Licensee and License No.

5-5-10
Date

Lidney Cook
Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: MS-GW-44162
 Driller: Cook Dalg. Co., Inc.
 Date completed: 5-28-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 4716
 Elevation: 6264

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>Aquagee Farms PTR</u>	Latitude: <u>33 08 55.9</u> Longitude: <u>90 13 29.8</u>
Mailing Address: <u>1241 S. Bishop</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Cleveland MS 38732</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 24 T 22 R 08</u>
Telephone No. <u>(662) 843-5512</u>	Distance Direction <u>20 23N</u> Nearest Town <u>6W</u>
	<u>2</u> Miles <u>W</u> of <u>Cleveland MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>5-28-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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.

Cook Dalg. Co., Inc. 289 Lidney Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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