

FROM :

FAX NO. :

Nov. 27 2005 04:58PM P3

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

County: Bolivar
 Permit #: 289
 Driller: COOK Drilling
 Date drilling completed: 6-21-06

For Office Use Only
 Aquifer: _____
 Well #: L-229
 L.S. Elevation: _____
 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>Aguzzi Farms</u>	Latitude: <u>33° 43' 26"</u>	Longitude: <u>90° 47' 38"</u>	
Mailing Address: <u>124 N Bishop Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Cleveland MS 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>N 1/4 NW Sec 35 Twn 22N Rng 6W</u>		
Telephone No: <u>662-843-5512</u>	Distance: _____ Miles	Direction: <u>W</u>	Nearest Town: <u>Cleveland</u>

Well Data

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

Date well drilling started: 6-21-06 Date well drilling completed: 6-21-06

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

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

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

Hole depth: 128 Well depth: 128 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 11 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 128 feet to 88 feet

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

Top of log pipe penetration 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 289 _____
 Print Name of Well Contractor and License No. Signature of Water Well Contractor

FROM :

FAX NO. :

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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 39229-0631
(601)961-3210
(601)354-6938 (fax)

For Office Use Only:

Acquifer:
Well #: L-229
Elevation:

County: Boulder
Permit #: 12384
Driller: COOK Drilling
Date completed: 7-5-06

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: Owner Name: Rajni Zarm, Mailing Address: 1043 Bishop Rd, Cleveland, MS 38720, Telephone: 662-83-5572. Well Location: Latitude: 33° 45' 21" N, Longitude: 89° 42' 34" W, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance: 3 Miles W of Bayle.

Pump Type: Jet, Submersible, Turbine. Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO. Horse Power Rating of Motor: 60. Setting Depth: 70 feet. Number of Stages: 1.

Pump Test Data: Date Well Tested, Static Water Level (A), Pumping Water Level (B), Drawdown (B), Test Pumping Rate, Duration of Pump Test. Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape. Well yielded GPM with a drawdown of feet after hours of pumping.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Print Name of Pump Installer and License No. (if applicable): COOK Drilling
Signature of Pump Installer: [Signature]

FROM :

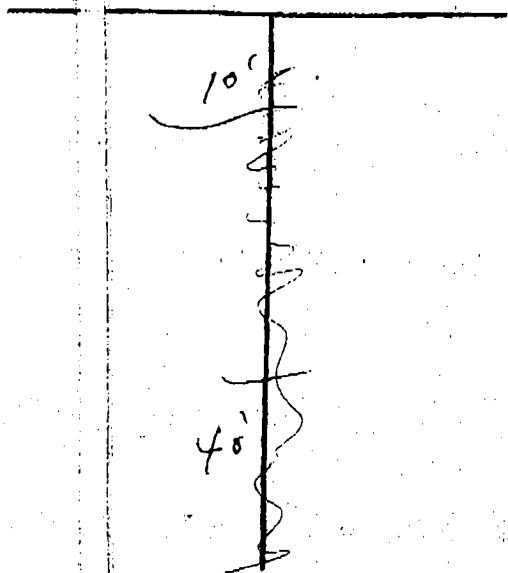
FAX NO. :

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L-229

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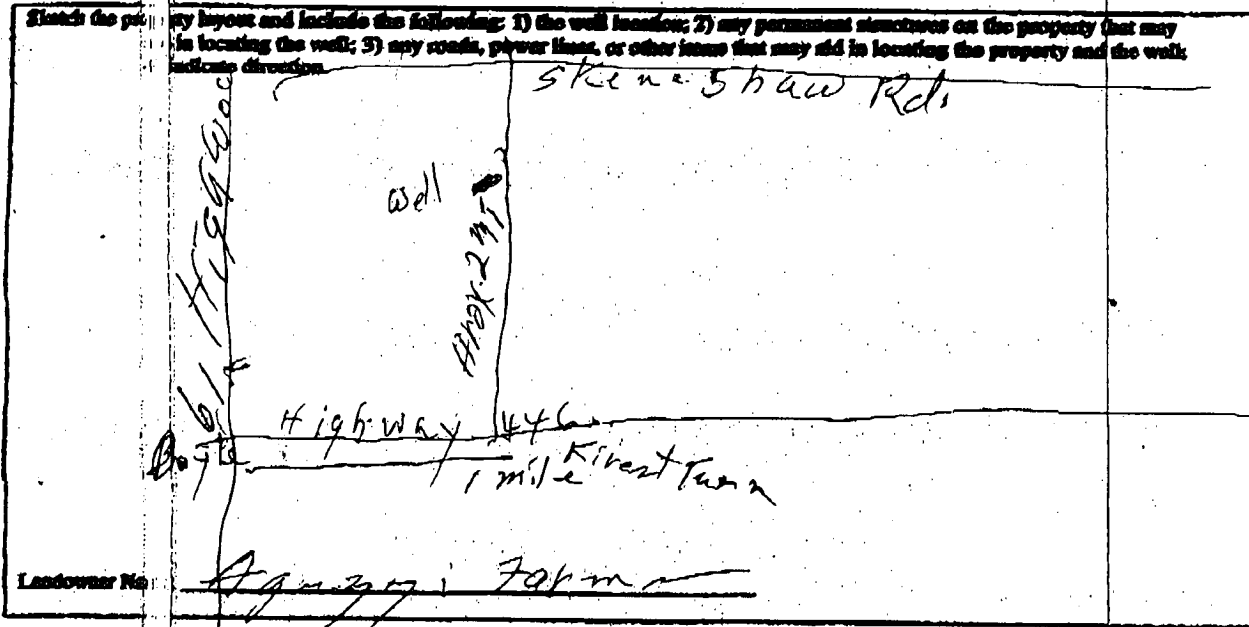
Ground level



Description of Formations Encountered	From	To
1st layer	0	10
2nd layer	10	20
3rd layer	20	30
4th layer	30	40
5th layer	40	50

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may be in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well indicate direction



Landowner No

Signature: [Signature]
 Name Well Contractor