

~~Replaced~~ Replaced well

page 2 of 3

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: 10/2/06
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 6230
 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
 Owner Name: Dahonny Farms
 Mailing Address: P.O. Box 750
W. Meridian St.
Memphis, TN
 City State Zip Code: _____
72101
 Telephone No. 901 731-2518

Well Location
 Latitude: 33 45 44 Longitude: 090 50 28
 Method of Lat/Long (check one): Conventional Survey 44
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 8 T 22 R 6W
 Distance Direction Nearest Town
3 Miles N.E. of Dennis MS

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-4-06
 Rated Pump Capacity: 2400 Gallons Per Minute

Power Type
 Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: 70' feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: _____
 Static Water Level (A): 40' Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 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.
Cook Drilling Inc Signature of Pump Installer Sidney Cook
 Print Name of Pump Installer and License No. (if applicable)

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

