

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 #: L-233
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW42148
Driller: COOK DRILLING CO., INC.
Date drilling completed: Aug 6-07

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 Farms</u>	Latitude: <u>33° 48' 839"</u>	Longitude: <u>90° 49' 200"</u>	
Mailing Address: <u>1241 South Bishop Rd</u>	Method of Lat/Long (circle one): <u>SO</u> Conventional Survey, <u>12</u>		
<u>Flowed and MS. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4 Sec. 21</u> Twn <u>22N</u> Rng <u>6W</u>		
Telephone No: <u>662 843-5512</u>	Distance _____ Direction _____ Nearest Town _____		
	<u>3.5 Miles W of Cleveland MS</u>		

Well Data

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

Date well drilling started: Aug 6-07 Date well drilling completed: Aug 6-07

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: Aug 7-07

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 80 feet to 130 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.

Cook Drilling Co., Inc.
Print Name of Well Contractor and License No. 289

[Signature]
Signature of Water Well Contractor

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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)961-9210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-233
 Elevation: _____

County: Holiver
 Permit #: 0042148
 Driller: Cook Drilling Co. Inc.
 Date completed: Aug 7-06

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		Well Location	
Owner Name:	<u>Anthony 796 ms</u>	Latitude:	<u>33-44-839</u> Longitude: <u>90-49-200</u>
Mailing Address:	<u>1241 South Bishop Rd</u> <u>Cleveland Ms. 38732</u>	Method of Lat/Long (circle one):	Conventional Survey, 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 1/2</u> Miles	<u>W</u> of <u>Cleveland</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed:	<u>Aug 7-07</u>		Setting Depth:	<u>70</u> feet	
Rated Pump Capacity:	<u>2800</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
Static Water Level:	(A): <u>41</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level:	(B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown [(B)-(A)]:	_____ Feet Below Land Surface		For flowing well, measured static in head: _____ feet	
Test Pumping Rate:	_____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours):	_____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cook Drilling Co. Inc. 189 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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