

# 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-242  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Calhoun  
Permit #: 0042534  
Driller: Cook Drilling Co. Inc.  
Date drilling completed: 6-22-08

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>Circle H. JV</u>	Latitude: <u>33° 42' 9.26" N</u> Longitude: <u>90° 47' 05.8" W</u>
Mailing Address: <u>684 Laughlin 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 <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 35 Twp 22 N Rng 6 W</u>
Telephone No: <u>(601) 843-5842</u>	Distance: _____ Miles Direction: <u>West</u> of Nearest Town: <u>Boyle MS</u>

**Well Data**

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

Date well drilling started: 6-22-08 Date well drilling completed: 6-22-08

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: 120 Well depth: 120 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: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 150 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 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

Richard Cook  
Signature of Water Well Contractor

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BY: OLWR

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

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-242

Elevation: \_\_\_\_\_

County: DeKalb  
 Permit #: OLW 12834  
 Driller: Cook Drilling Co. Inc.  
 Date completed: 6-24-08

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>Circle H JV</u>	Latitude: <u>33-42 56 N</u> Longitude: <u>90-47 03 W</u>
Mailing Address: <u>684 Laughlin 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
Telephones No. <u>662 843-5842</u>	Distance Direction Nearest Town
	<u>3.5 Miles West of Boyle Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
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>30</u>
Date Pump Installed: <u>6-24-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>49</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static 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 Drilling Inc. 289  
 Print Name of Pump Installer and License No. (if applicable)

Silvers Cook  
 Signature of Pump Installer

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 BY: OLWR

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Charles H. 24  
1284 Franklin St.

Charles H. 24

1284-2845

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