

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-243
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: 00002535
Driller: COOK DRILLING CO., INC.
Date drilling completed: 6-23-08

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° 43' 10.2"</u>	Longitude: <u>90° 46' 24.5"</u>	
Mailing Address: <u>684 Langhorne 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	<u>NW 1/4 NW 1/4 Sec 36 Twn 22 N Rng 6 W</u>		
Telephone No: <u>662-843-5842</u>	Distance: <u>3</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Boykin MS.</u>
Well Data			
Purpose of Well (circle one): <u>Irrigation</u>	Home	Industrial	Public Supply
Date well drilling started: <u>6-23-08</u>	Date well drilling completed: <u>6-23-08</u>		
If flowing, method of flow regulation: <u>Valve</u>	Other (describe): _____		
Static Water Level: <u>49</u> feet above or below (circle one) land surface	Date measured: <u>6-24-08</u>		
Method of Measurement (circle one): <u>steel tape</u>	electric tape	air line	other: _____
Hole depth: <u>120</u>	Well depth: <u>120</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u>	Bentonite	Mix	
Casing length: <u>80</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>150</u> inches	Setting depth: From <u>90</u> feet to <u>120</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u>	Underreamed	Telescoped	Open hole
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): <u>No log run</u>	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.			
<u>COOK DRILLING CO., INC</u>		<u>Sidney Cook</u>	
Print Name of Well Contractor and License No. <u>289</u>		Signature of Water Well Contractor	

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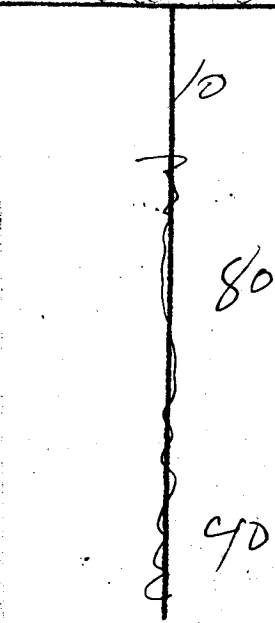
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Ground Water 61042835

Description of Formations Encountered	From	To
Clay	10	50
Sand	50	65
Sand & gravel	65	120



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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.

A hand-drawn sketch within a rectangular border. It shows several lines representing property boundaries or features. There are handwritten notes and labels: 'S. 100 ft' on the left, '61' on the right, and 'Circle H JV - Howard' at the bottom. The sketch is somewhat abstract, with various lines and scribbles.

Landowner Name: CIRCLE H JV - Howard

Signature: [Handwritten Signature]
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)961-5210
 (601)354-6938 (fax)

County: Bolivar
 Permit #: 42835
 Driller: Cook Drilling Co. Inc.
 Date completed: 6-23-08

For Office Use Only:
 Aquifer: _____
 Well #: L-243
 Elevation: _____

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>Good Circle H JV</u>	Latitude: <u>33 43-10 2</u> Longitude: <u>90 46-7 45 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	<u>1/4 1/4 Sec Twn Rng</u>
Telephone No. <u>662 843-5842</u>	Distance Direction Nearest Town
	<u>3 Miles W of Boyle Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Rotary <input type="checkbox"/>	Windmill <input type="checkbox"/>
Flowing Well <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-23-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</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"/>
Static Water Level (A): <u>49</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured slant in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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 Co. Inc. License No. 289 Ricky Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR

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W. H.
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