

# 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-244  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: 0042536  
Driller: Cook Drilling Co. Inc.  
Date drilling completed: 6-25-08

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>	Mailing Address: <u>684 Laughlin Rd.</u>	Latitude: <u>33° 43' 53"</u> Longitude: <u>90° 46' 39"</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38732</u>	City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS	<u>NW 1/4 SE 1/4 Sec 25 - Twn 22 N Rng 6 W</u>
Telephone No: <u>(662) 843-5842</u>		Distance <u>3.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Boyer MS</u>	
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	Date well drilling started: <u>6-25-08</u>	Date well drilling completed: <u>6-25-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>49</u> feet above or below (circle one) land surface	Date measured: _____	
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>0.50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	Other (describe): _____	Top of last 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.	
Print Name of Water Well Contractor and License No. <u>Cook Drilling Co. Inc. 289</u>	Signature of Water Well Contractor: <u>Silvery Cook</u>		

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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 39289-0631  
 (601)961-3210  
 (601)354-6938 (fax)

County: Doliver  
 Permit #: 6-42836  
 Driller: Cook Drilling Co. Inc.  
 Date completed: 6-26-08

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-244  
 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>Circle H JV</u>	Latitude: <u>33.43532</u>	Longitude: <u>90.46395</u>	
Mailing Address: <u>684 Lanahline 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</u>	<u>1/4</u> Sec	Twn <u>    </u> Rng <u>    </u>
Telephone No. <u>662, 843-5842</u>	Distance <u>2.5</u> Miles	Direction <u>NW</u> of	Nearest Town <u>Boyle Ms</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>30</u>		
Date Pump Installed: <u>6-26-08</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: _____	Static Water Level (A): <u>49</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured static 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.

Print Name of Pump Installer and License No. (if applicable) Cook Drilling Co. Inc. 289

Signature of Pump Installer: [Signature]

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