

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-245
L. S. Elevation: _____
B-log #: _____

County: Bolivar
Permit #: GW44313
Driller: COOK DRILLING INC
Date drilling completed: 10-30-08

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. IV</u>	Latitude: <u>33° 42' 43" N</u> Longitude: <u>90° 46' 37" 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>NE 1/4 NW 1/4 Sec 36 Twn 22 N Rng 6 W</u>
Telephone No: <u>662 843-5842</u>	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well Data

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

Date well drilling started: 10-30-08 Date well drilling completed: 10-30-08

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

Static Water Level: 4.5 feet above or below (circle one) land surface Date measured: 10-31-08

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: 50 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.

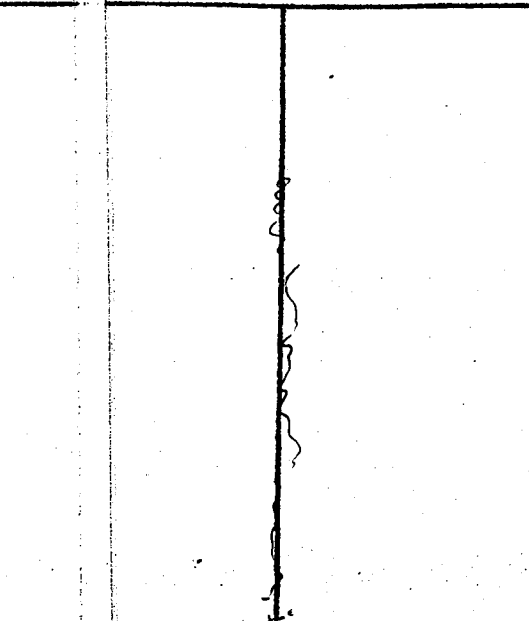
COOK DRILLING INC
Print Name of Well Contractor and License No. 289

[Signature]
Signature of Water Well Contractor

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BY: OLWR

L-245

Ground level



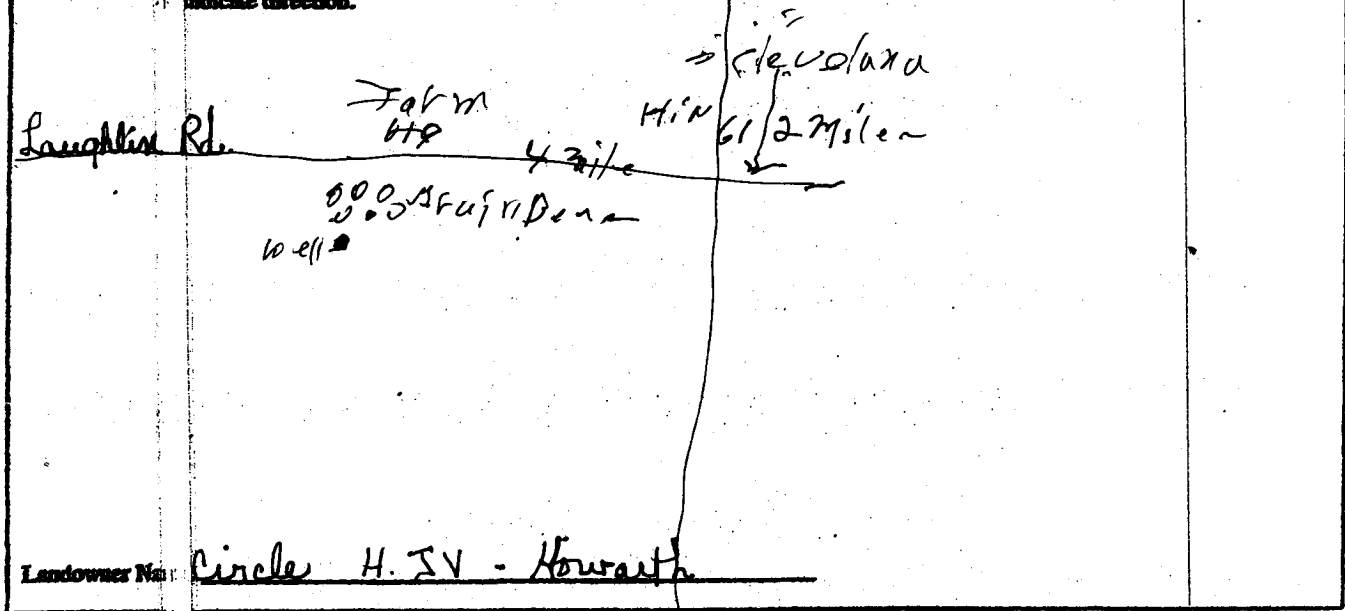
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	70	12
SAND	12	60
SAND & GRAVEL	60	130

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.



Signature: Peter 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 #: GW44313
 Driller: COOK Drilling Co Inc
 Date completed: 11-2-08

For Office Use Only:
 Aquifer: _____
 Well #: L-245
 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. IV</u>	Latitude: <u>33-42-99.9</u>	Longitude: <u>90-46-37.4</u>
Mailing Address:	<u>684 Laughlin Rd.</u>	<u>33-43-00</u>	<u>90-46-23</u>
	<u>Monrovia MS. 38732</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
	City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS	
Telephone No.:	<u>662 843-5842</u>	<u>NE 1/4 NW 1/4 Sec 36 Twn 22N Rng 6W</u>	
		Distance _____	Direction _____
		Nearest Town _____	
		_____ Miles _____ of _____	

	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: _____		
Date Pump Installed:	<u>11-2-08</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
Static Water Level (A):	<u>45</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 slant in head: _____ feet	
Test Pumping Rate:	_____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____	
Duration of Pump Test (minimum 4 hours):	_____ hours		_____ 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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