

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-2305
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: MS-60-42720
Driller: COOK DRILLING
Date drilling completed: Jan 14-08

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 this well.

Well Owner Information		Well Location	
Owner Name: <u>Quasi Farms</u>		Latitude: <u>33° 44' 22.8"</u>	Longitude: <u>91° 46' 52.6"</u>
Mailing Address: <u>1241 South Bishop Rd.</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Cleveland MS 38732</u>		<u>NE 1/4 NE 1/4 Sec. 23 Twn 22N Rng 6W</u>	
City State Zip Code		Distance	Direction
		<u>1</u> Miles	<u>W</u> of <u>Cleveland</u>
Telephone No: <u>662-843-5512</u>		Nearest Town	

Well Data

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

Date well drilling started: Jan 14-08 Date well drilling completed: Jan 14-08

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: Jan 14-08

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 83 feet to 123 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

Lukey Cook
Signature of Water Well Contractor

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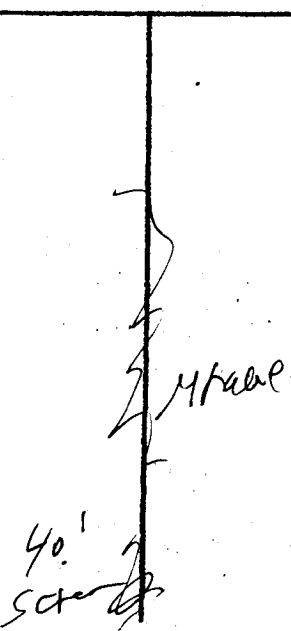
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GW42720

L-208

Ground level

Description of Formations Encountered	From	To
clay	100	30
sand	30	60
sand + gravel	60	125



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.

Landowner Name: Rajiv J. Fatma

Signature: [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)254-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-208
 Elevation: _____

County: Bolivar
 Permit #: GW 42730
 Driller: COOK DRILLING
 Date completed: Jan 14-08

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>Quigi James</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1241 South Bishop Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Cleveland Ms. 38732</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____		
City State Zip Code	Distance _____ Direction _____ Nearest Town _____		
Telephone No. <u>662 843-5512</u>	_____ 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>Jan 14-08</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	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): _____			
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in 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
 Print Name of Pump Installer and License No. (if applicable) 289 [Signature]
 Signature of Pump Installer

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 JUL 18 2008
 BY: OLWR

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