

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 #: M-234
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW42118
Driller: Cook Drilling Co. Inc.
Date drilling completed: June 21, 07

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>David Rocconi FARMS</u>	Latitude: <u>33°42'26"</u> Longitude: <u>90°44'82"</u>
Mailing Address: <u>285 Newst Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>49</u>
<u>Boulogne MS. 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 31 Twn 22N Rng 5W</u>
Telephone No: <u>(601) 843-7101</u>	Distance _____ Miles _____ Direction <u>W</u> of _____ Nearest Town <u>BOY LA ROSSE</u>

Well Data

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

Date well drilling started: June 21-07 Date well drilling completed: June 21-07

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

Static Water Level: 48' feet above or below (circle one) land surface Date measured: June 22-07

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: 0.50 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 Co. Inc.
Print Name of Well Contractor and License No. 289

[Signature]
Signature of Water Well Contractor

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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)961-5210
 (601)354-6938 (fax)

County: Bolivar
 Permit #: GW42118
 Driller: COOK DRILLING CO. INC.
 Date completed: June 21, 2007

For Office Use Only:
 Aquifer: _____
 Well #: M-234
 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>DAVID ROCCONI FARMS.</u>	Latitude:	<u>33.42266</u> Longitude: <u>90.44821</u>
Mailing Address:	<u>285 Prevost Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
	<u>Boyle MS. 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
	City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng	
Telephone No.	<u>662 843-7107</u>	Distance	Direction Nearest Town
		<u>1</u> Miles	<u>W</u> of <u>Boyle MS.</u>

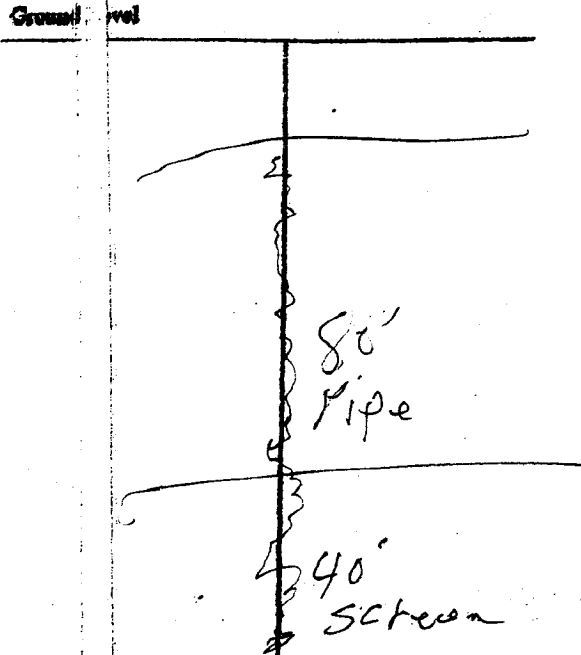
	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="radio"/> Jet	<input checked="" type="radio"/> Submersible	<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	<input type="radio"/> Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor: <u>70</u>		
Date Pump Installed:	<u>June 22 - 07</u>		Setting Depth: <u>70</u> feet		
Rated Pump Capacity:	<u>1100</u> Gallons Per Minute		Number of Stages: <u>1</u>		

	Pump Test Data		Method of Measuring Water Level Circle one		
	Date Well Tested:	_____		<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line
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 shut 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.

Print Name of Pump Installer and License No. (if applicable): COOK DRILLING CO. INC. 289 Signature of Pump Installer: Sidney Cook

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Description of Formations Encountered	From	To
Clay	Top	45'
Red Sand	45'	70'
Sand and gravel	70'	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.

Landowner Name: David Rocconi

Signature: [Handwritten Signature]
 Fair Well Contractor

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