

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Co. Inc.
 Date drilling completed: 8-1-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: M 242
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Aquino Farms</u>	Latitude: <u>33° 43' 32"</u> Longitude: <u>90° 44' 49"</u>
Mailing Address: <u>1241 South Bishop Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Cleveland Ms. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 29</u> Sec <u>29</u> Twn <u>22N</u> Rng <u>5W</u>
Telephone No. <u>(662) 843-5512</u>	Distance <u>1</u> Miles Direction <u>SW</u> Nearest Town <u>Cleveland</u>

Well / Borehole Data

Date drilling started: 8-1-09 Date drilling completed: 8-1-09 Hole depth: 140 Hole diameter: 26"

Location of the source of any surface water used for drilling: Irrigation Well Old Perkins
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Irrigation
 Seismic Survey Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 8-1-09
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 100 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 100 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

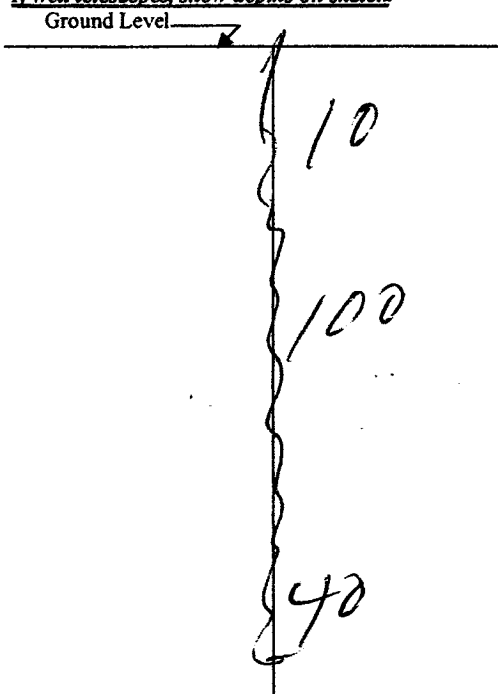
replacement for 6W06081?

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M 242

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
<i>Clay</i>	<i>15</i>	<i>15</i>
<i>Sand</i>	<i>15</i>	<i>68</i>
<i>Gravel</i>	<i>68</i>	<i>140</i>

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; 4) a north arrow.

Landowner Name: Joe Aguzzi Aguzzi Farms

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Gidney Cook-289
Print Name of Responsible Licensee and License No.

8-1-09
Date

[Signature]
Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Co. Inc
 Date completed: 8-7-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: M 242
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Agnes Farms</u>	Latitude: <u>33-43-372</u> Longitude: <u>90-44-479</u>
Mailing Address: <u>1249 South Bishop Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38782</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 843-5512</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SW</u> of <u>Starkville MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
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: <u>60</u>
Date Pump Installed: <u>8-1-09</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 <u>Steel Tape</u>
Static Water Level (A): <u>40</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.

Sidney Cook - 289 Sidney Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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Handwritten text: "The whole of the..."

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