

County: Balisan  
 Permit #: GW43951  
 Driller: COOK Drilling Co., Inc.  
 Date drilling completed: 1-15-10

**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: 0140  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Attanfield Farms</u></p> <p>Mailing Address:  <u>313 Palmer-Attanfield Rd.</u>  <u>Benoit MS. 38725</u>          City State Zip Code</p> <p>Telephone No. <u>(662) 721-6200</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 37' 14" 03</u> Longitude: <u>90° 53' 04" 049</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>08</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SW 1/4 Sec 36 Twn 21N Rng 07W</u></p> <p>Distance Direction Nearest Town  <u>8 Miles W of SHAWMS</u>  <u>Melton</u></p>
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**Well / Borehole Data**

Date drilling started: ~~1-15~~ 1-15-10 Date drilling completed: 1-15-10 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: Well next to By

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   
 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: 37 feet above or below (circle one) land surface Date measured: 1-15-10

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

Well depth: 120 Well grouted to a depth of 11 feet Type of grout (circle one): Neat 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 or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

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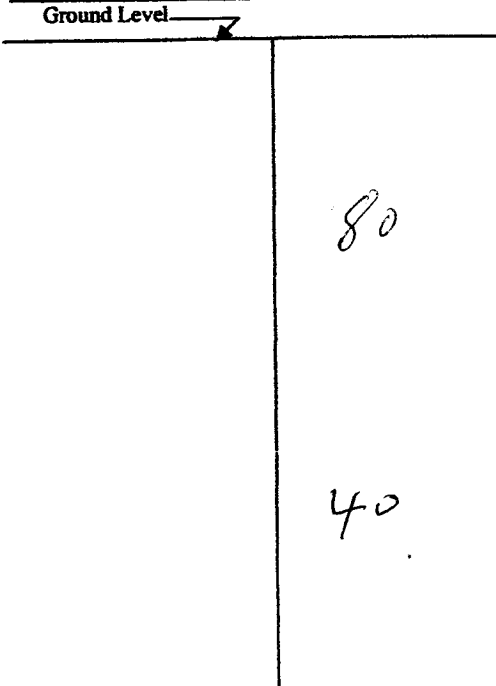
BY: OLWR

0140

The sketch below only required for water wells

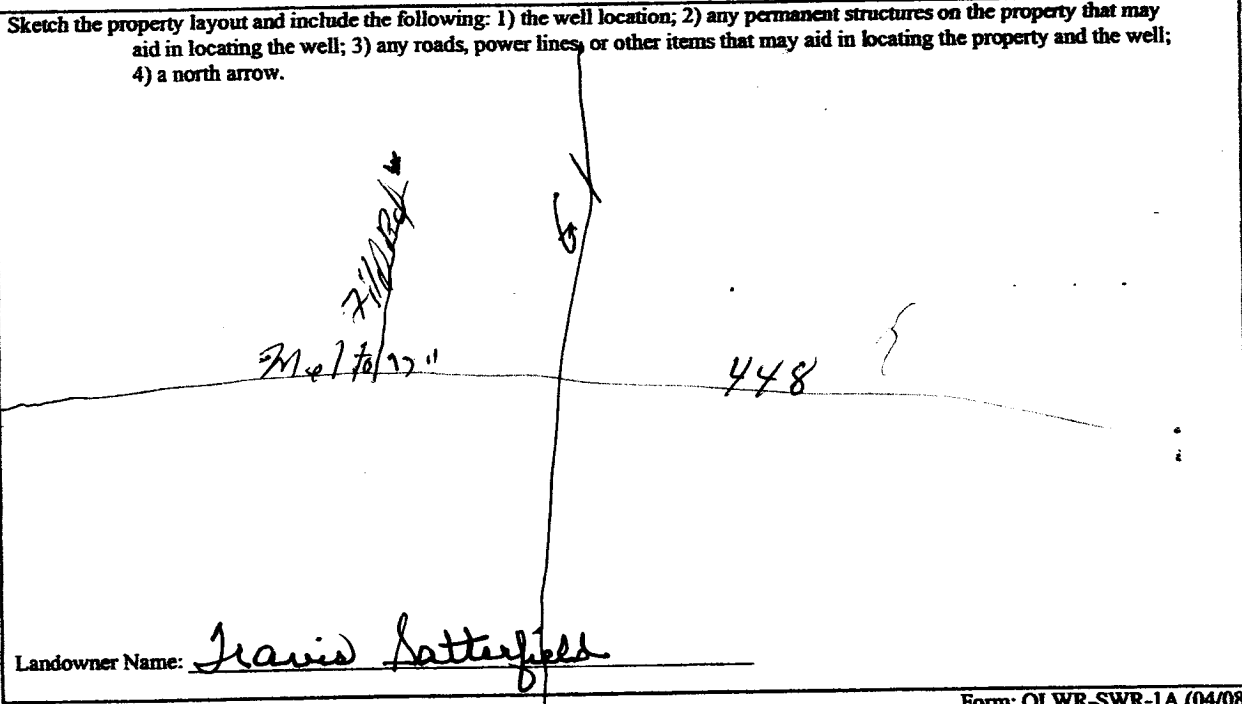
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	25
2 inch Sand	25	60
39 inch gravel	60	120

If more than one screen, show location of each on sketch



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.

COOK DRILLING <sup>Lic.</sup> 289 2-10-10  
 Print Name of Responsible Licensee and License No.                      Date

Sibney Cook  
 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: Polk  
Permit #: \_\_\_\_\_  
Driller: Cook Drilling Co., Inc.  
Date completed: 1-16-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: 0140  
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>Latterfield Farmer</u>	Latitude: <u>33 37 14 N</u> Longitude: <u>90 53 14 W</u>
Mailing Address: <u>313 Palmer - Latterfield Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Berant Ms. 38725</u>	<u>SW 1/4 SW 1/4 Sec 36 T 21 N R 7 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 721-6200</u>	<u>8 Miles W of Shaw MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>1-16-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2600</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>39</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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