

County: Bolivar
 Permit #: MS-GW-44715
 Driller: Cook Dalg. Co., Inc.
 Date drilling completed: 2-15-11

State Well Report
 Part I - 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: _____
 Well #: Ø 159
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Branda Miller</u> Mailing Address: <u>8110 Hwy 69 South</u> <u>Greenville AL 36144</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 28' 48.5"</u> Longitude: <u>90° 54' 18.0"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>N 81° 55' 1/2" Sec 22 Twn 21 N Rng 07 W</u> Distance Direction Nearest Town <u>1/2 Miles N of Longshot MS</u></p>
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Well / Borehole Data

Date drilling started: 2/15/11 Date drilling completed: 2/15/11 Hole depth: 120 Hole diameter: 20 in

Location of the source of any surface water used for drilling: _____
 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 X Irrigation ___ Fish Culture ___ Other: _____

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 2/15/11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 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 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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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 #: MS-GW-44715
 Driller: Cook Drilling Co., Inc.
 Date completed: 2-16-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø159
 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>Brenda Miller</u> Mailing Address: <u>8110 Hwy 69 South</u> <u>Greenboro AL. 36744</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NE ¼ SE ¼ Sec 22 T 21 R 07W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>2/16/11</u> Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>30 HP</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>42</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line _____ Electric Measuring Line _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cook Drilling, Inc 289 Yell Will
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

