

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 #: P-172
L. S. Elevation: _____
E-log #: _____

County: Bolivar

Permit #: _____

Driller: Cook Drilling Inc.

Date drilling completed: April 20-07

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>Montana Family Trust</u>	Latitude: <u>33° 37' 34"</u>	Longitude: <u>90° 46' 48"</u>	
Mailing Address: <u>P.O. Box 484</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Shaw MS 38773</u>	<u>SW 1/4 NW 1/4 Sec 36 Twn 21N Rng 6W</u>		
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles	Direction: <u>2</u>	Nearest Town: <u>546W MS</u>
Telephone No: <u>(662) 754-6457</u>			

Well Data	
Purpose of Well (circle one): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilled started: <u>April 20-07</u>	Date well drilling completed: <u>April 20-07</u>
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>42'</u> feet above or below (circle one) land surface	Date measured: <u>April 30-07</u>
Method of Measurement (circle one): <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>120'</u> Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>500</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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

Sidney Cook
Signature of 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)354-6938 (fax)

County: BOLIVAR
 Permit #: _____
 Driller: COOK DRILLING Co. INC.
 Date completed: APRIL 20-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-172
 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>Montesi Family Trust</u>	Latitude: <u>33-38-053</u> Longitude: <u>090-33-074</u> <u>33 37 34</u> <u>90 46 48</u>
Mailing Address: <u>P.O. Box 484</u> <u>Shaw MS. 38773</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>36</u> T <u>21N</u> R <u>6W</u>
Telephone No. <u>(662) 754-6451</u>	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>21</u> of <u>Shaw MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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>April 30-07</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

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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>42</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.

COOK DRILLING Co. INC. 289
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

ANNEX

ANNEX 1
ANNEX 2

ANNEX 3
ANNEX 4
ANNEX 5

ANNEX 6