

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-177
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW4217
Driller: Cook Drilling Co. Inc.
Date drilling completed: June 30 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.

<p>Well Owner Information</p> <p>Owner Name: <u>Billy Tabb Farms</u> Mailing Address: <u>1311 College Street</u> <u>Cleveland MS. 38732</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>662 843-1904</u></p>	<p>Well Location 33-40-46 90-50-46 Latitude: <u>33° 42' 19"</u> Longitude: <u>90° 50' 48"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>NW 1/4 SW 1/4 Sec. 8 Twn 21 N Rng 6 W</u> Distance Direction Nearest Town <u>5 Miles SE of Mendenhall MS</u></p>
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Well Data

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

Date well drilling started: June 30-07 Date well drilling completed: June 30-07

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

Static Water Level: 38 feet above or below (circle one) land surface Date measured: June 30 07

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 15 feet

Type of grout (circle one): 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: 16 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 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. 289 Subing Cook
Print Name of Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

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)

For Offices Use Only:

Aquifer: _____
 Well #: P-177
 Elevation: _____

County: Bolivar
 Permit #: GW42117
 Driller: Peck Drilling Co. Inc.
 Date completed: July 3 07

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 Owner Name: <u>Brian D. Tall Farms</u> Mailing Address: <u>1311 College Street</u> <u>Cleveland MS, 38732</u> City State Zip Code Telephone No. <u>(662) 847-1904</u>		Well Location Latitude: <u>33° 42' 19.9"</u> Longitude: <u>90° 30' 48.4"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec Twn Rng Distance Direction Nearest Town <u>5 Miles NE of Millerville, MS</u>	
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Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>July 3-07</u> Rated Pump Capacity: <u>1000</u> Gallons Per Minute		Power Type Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3.5</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>	
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Pump Test Data Date Well Tested: _____ Static Water Level (A): _____ 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		Method of Measuring Water Level Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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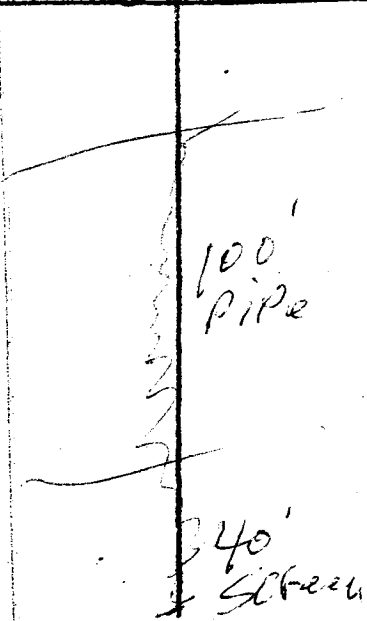
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Peck Drilling Co. Inc. _____
 Print Name of Pump Installer and License No. (if applicable) 289 Signature of Pump Installer

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P-177

Ground well

GW 42117



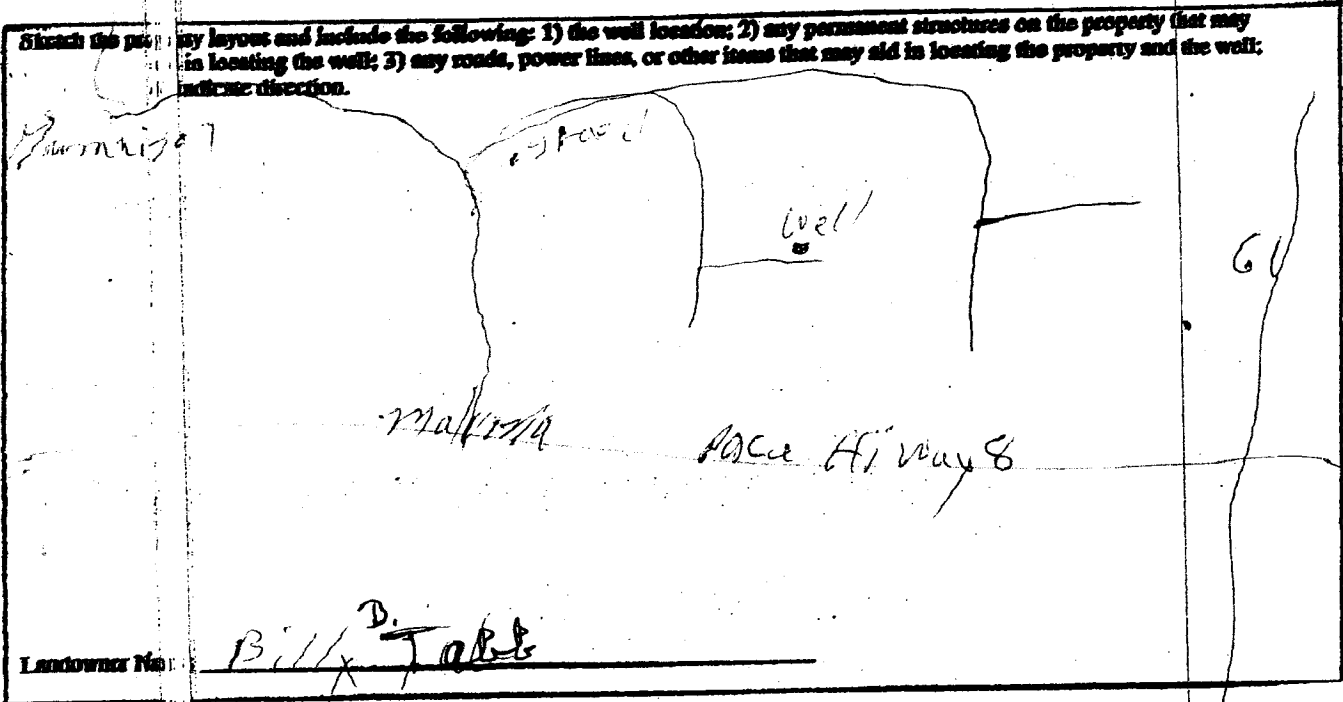
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Clay	Top	52
50' / 20'	50	25
50' well to (ft. 100)	95	140

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:

Bill D. Tabb

John Cook
Well Well Contractor

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