

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)

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Inc.
 Date drilling completed: 6-1-09

For Office Use Only:
 Aquifer: _____
 Well #: 1770
 L. S. Elevation: _____
 E-log #: _____

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>S. James</u> | Latitude: <u>33.37 269</u> | Longitude: <u>90 46.617</u> | |
| Mailing Address: <u>Box 248</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> | | |
| <u>Benoit Ms. 38725</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 36 Twn 21N Rng 21W</u> | | |
| Telephone No: <u>662-742-3384</u> | Distance: <u>6</u> Miles | Direction: <u>S</u> | Nearest Town: <u>Cleveland</u> |

Well Data

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

Date well drilling started: 6-1-09 Date well drilling completed: 6-1-09

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 6-1-09

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 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 log 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.
 Print Name of Well Contractor and License No. 289

Silke 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.
 Date completed: 6-1-09

For Office Use Only:
 Aquifer: _____
 Well #: P190
 Elevation: _____

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 | Well Location |
|--------------------------------------|--|
| Owner Name: <u>J.S. James</u> | Latitude: <u>33° 37' 26.9"</u> Longitude: <u>90° 46' 6.1"E</u> |
| Mailing Address: <u>P.O. Box 248</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Benoit Ms. 38725</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>N 1/4 NW 1/4 Sec 36 Twn 21N Rng 61W</u> |
| Telephone No. <u>662, 742-3384</u> | Distance Direction Nearest Town |
| | <u>6 Miles S of Cleveland</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ | Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ |
| Date Pump Installed: <u>6-1-09</u> | Horse Power Rating of Motor: <u>15</u> |
| Rated Pump Capacity: <u>600</u> Gallons Per Minute | 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: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>45</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured static 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.

Print Name of Pump Installer and License No. (if applicable) 289 Signature of Pump Installer [Signature]

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