

County: BOLIVAR  
 Permit #: \_\_\_\_\_  
 Driller: COOK DRILLING Co, Inc  
 Date drilling completed: 7-8-09

**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: \_\_\_\_\_  
 Well #: P192  
 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.**

| Information on Well Owner<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location                                      |
|---|--|
| Owner Name: <u>Watford Farms, Inc.</u>  | Latitude: <u>33° 39' 62.4"</u> Longitude: <u>90° 48' 42.1"</u> |
| Mailing Address: <u>656 Howard Rd</u>   | Method of Lat/Long (circle one): <u>Conventional Survey</u>    |
| <u>Bayle</u> <u>MS</u> <u>38730</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                     |
| City State Zip Code   | <u>SE 1/4 SW 1/4 Sec 15 Twn 21N Rng 6W</u>                     |
| Telephone No. <u>(662) 843-3841</u>   | Distance Direction Nearest Town                                |
|   | <u>3</u> Miles <u>S</u> of <u>Shene ms</u>                     |

**Well / Borehole Data**

Date drilling started: 7-8-09 Date drilling completed: 7-8-09 Hole depth: 120 Hole diameter: 28

Location of the source of any surface water used for drilling: off irrigation well

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***

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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: 45 feet above or below (circle one) land surface Date measured: 7-8-09

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PU

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)

Replacement for 6010670?

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**AUG 11 2009**  
**BY: OLWR**

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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 #: \_\_\_\_\_  
 Driller: COOK DRILLING Co, Inc  
 Date completed: 7-8-09  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P192  
 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>Watford Farms Inc.</u>  | Latitude: <u>33-39-629</u> Longitude: <u>90-48-441</u>                                  |
| Mailing Address: <u>656 Howard Rd.</u> | Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> |
| <u>Boyle</u> <u>Ms.</u> <u>38730</u>   | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____                            |
| City State Zip Code                    | <u>SE 1/4 SW 1/4 Sec 15 T21N R6W</u>  |
| Telephone No. <u>(662) 843-3841</u>    | Distance Direction Nearest Town   |
|  | <u>3</u> Miles <u>S</u> of <u>Shreveport</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>  |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                      | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>            | Windmill <input type="checkbox"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>30</u>  |
| Date Pump Installed: <u>7-8-09</u>  | Setting Depth: <u>70</u> feet   |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute   | Number of Stages: <u>1</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>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>45</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

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

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