

County: Bolivar  
 Permit #: GW-44322  
 Driller: Cook Drilling Co., Inc.  
 Date drilling completed: 6-10-10

**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: R200  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>C.D. Long Family Partnership</u>	Latitude: <u>33° 58' 24" N</u> Longitude: <u>90° 50' 48" W</u>
Mailing Address: <u>P.O. Box 595</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rosedale Ms. 38769</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>7N 5W 1/4 Sec 05 Twn 24 N Rng 06 W</u>
Telephone No. <u>(662) 759-3596</u>	Distance Direction Nearest Town
	<u>5 Miles NW of Shelby MS</u>

**Well / Borehole Data**

Date drilling started: 6-10-10 Date drilling completed: 6-10-10 Hole depth: 120 Hole diameter: 26

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  Irrigation  Fish Culture  Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 6-10-10  
 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: PVC

Screen slot size: 050 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 #: GW-44322  
 Driller: Cook Drilling Co., Inc.  
 Date completed: 6-10-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: P200  
 Well #: \_\_\_\_\_  
 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>C. D. Long family Partnership</u> Mailing Address: <u>P.O. Box 575</u>  <u>Rosedale</u> <u>Ms.</u> <u>38769</u> <small>City State Zip Code</small>  Telephone No. <u>(662) 759-3596</u>	Latitude: <u>33° 58' 24"</u> Longitude: <u>90° 50' 48"</u> <small>Method of Lat/Long (check one): Conventional Survey _____</small> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>N 1/4 SW 1/4 Sec 06 T 24 R 06 W</u> Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>NW</u> of <u>Shelby MS</u>

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: _____ 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>25</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>30</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 Co., Inc. 289      Lidney Cook  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B (04/09)

JUL 27 2010

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