

County: Holmes  
 Permit #: G-W-43748  
 Driller: Cook Drilling Co., Inc.  
 Date drilling completed: 6-21-10

**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: K 143  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Heirs of J.M. Howard LLC</u>        Mailing Address: <u>904 Medallion Dr.</u>  <u>Greenwood Ms. 38930</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>37° 08' 14.4" N</u> Longitude: <u>90° 13' 31.4" W</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>20</u> Twn <u>15 7 N</u> Rng <u>0 7 W</u>        Distance Direction Nearest Town  <u>4</u> Miles <u>SE</u> of <u>Tulla MR</u></p>
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**Well / Borehole Data**

Date drilling started: 6-21-10 Date drilling completed: 6-21-10 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: 14 feet above or below (circle one) land surface Date measured: 6-21  
 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: 0.50 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)

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**JUL 27 2010**  
**BY: OLWR**





# 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: Halman  
 Permit #: GW-43748  
 Driller: Cook Drilling Co., Inc.  
 Date completed: 6-25-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: K143  
 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>Heirs of J.M. Howard LLC</u>	Latitude: <u>33° 08' 14" N</u> Longitude: <u>90° 13' 31.4" W</u>
Mailing Address: <u>904 Medallion Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood Ms. 38930</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>42</u> R <u>02</u> W
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>SS</u> of <u>Trotter Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-25-10</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>2</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>14</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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      Sidney Cook  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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

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 BY: OLWR