County HARKEY Permit 6 W 4/0 29 Driller: John NEWLOME Star

Date drilling completed: 4-20-06

Henry Cogline 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: 29
Well #: H->8
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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name COGLAN & SONS	Latitude: 32 · 48 · 51 " Longitude: 090 · 46 · 20 "			
Mailing Address: Po 730×15	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Holly Bluff, Ms. 39088 City State Zip Code	NE 1/4 Sec 12 Twn 11 N Rng 6W			
Telephone Notal	Distance Direction Nearest Town Miles EAST of Rolling Fork mg.			
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 4-20-06 Date well drilling completed: 40-20-06				
If flowing, method of flow regulation: Valve Other (e	describe)			
Static Water Level:feet above or below (circle one)	land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 1/2 Well depth: 1/0 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 70 feet Casing diameter: 16 inches Type of casing: PUC				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC				
Screen slot size:				
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 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 the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippl				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JOHN NEWLOME 0-773	Johnson			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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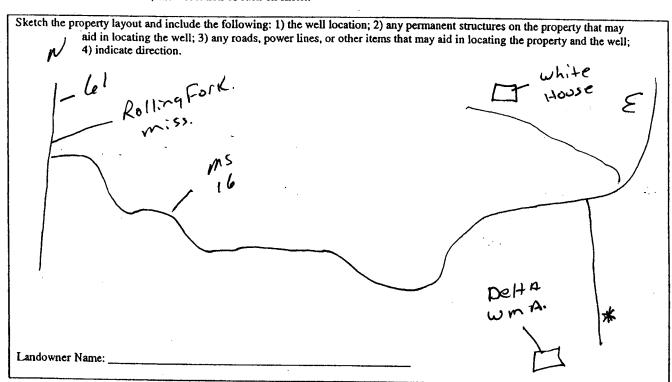
MAY 0 9 2006

BY: OLWR

Ground Level	
·	16" casing
40'	70'
40' 16'screen	110

Description of Formations Encountered	From	То
Top Soil	10	10
MIX CLAY	10	40
Fine sand	40	70
CoArse Sand	70	1/0
Grave	110	113
	1	
	1	

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

Date completed: 4-20-06

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)

For O	ffice Use Only:
Aquifer:	29
Well #:	1-28
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: COGLAN & SONS	Latitud 32-48-51 Longitude 090-46-20	
Mailing Address: Fox K	Method of Lat/Long (circle one): Conventional Survey,	
1/ 12 10/1/ 12	USGS quad Hand-held GPS Survey-grade GPS	
City State Zip Code	NE 1/2 Sw 1/4 Sec 12 Twn 11N Rng 6W	
	Distance Direction Nearest Town	
Telephone No.462	7 Miles EAST of ROLLING FORK	
Pump Type		
Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 40	
Date Pump Installed: 4-21-06	Setting Depth: 66 feet	
Rated Pump Capacity: 2500 Gallons Per Minute	Number of Stages: 1-Stage 14M INGL	
Pump Test Data		
Date Well Tested:	Method of Measuring Water Level Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): Feet Below Land Surface	Other (specify):	
Drawdown (B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute ~		
Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown of	
uous	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Print Name of Pump Installer and License No. (if and in the		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

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MAY 0 9 2006

BY: OLWR