

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: _____
Well #: E-124
L. S. Elevation: _____
E-log #: _____

County: Sangre de Cristo
Permit #: GW42111
Driller: Cook Drilling Co.
Date drilling completed: April 15, 07

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
State: <u>Texas</u> Owner Name: <u>R. Pladden JR. SARA H. BENTON</u> Mailing Address: <u>15600 BARKERS LANDING RD #11</u> <u>HOUSTON TX 77079</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>662 843-5895</u>	Latitude: <u>33° 48' 01.4" N</u> Longitude: <u>96° 38' 20.1" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 4 SE 1/4 Sec 6 Twn 22N Rng 4W</u> Distance: <u>5</u> Miles Direction: <u>W</u> Nearest Town: <u>DRAW MS.</u>

Well Data

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

Date well drilling started: April 15, 07 Date well drilling completed: April 15, 07

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: April 15, 07

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap 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): _____

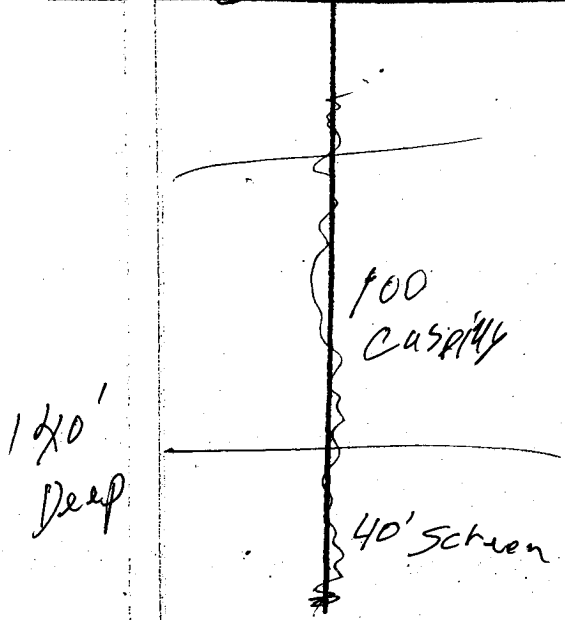
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Cook Drilling Co. Inc. 289
Print Name of Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

Ground level GW 42111

Description of Formations Encountered	From	To
Clay	70	82
Sand	82	97
Sand & Gravel	97	140



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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.

RECEIVED
AUG 08 2007
BY: OLWR

Landowner Name: SARA H. BENTON

Signature: *Sara Benton*
Water Well Contractor

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)961-9210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-124

Elevation: _____

County: Sunflower
 Permit #: 004211
 Driller: COOK Drilling Co. Inc
 Date completed: April 20-07

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>D. R. GLADDEN JR, SARA H. BENTON</u>	Latitude: <u>33 48 024</u> Longitude: <u>090 38 796</u>
Mailing Address: <u>15600 BARKERS LANDING Rd #11</u> <u>HOUSTON TX 77079</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. * <u>(601) 843-5895</u>	<u>5</u> Miles <u>10</u> of <u>Drew MS-</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	<u>Electric Motor</u> <input 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: _____
Date Pump Installed: <u>April 20-07</u>	Sounding Depth: <u>70</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input 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 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.

COOK Drilling Co. Inc. 289
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer