

County: Sunflower
 Permit #: FW 43-756
 Driller: Cook Drilling Co., Inc
 Date drilling completed: 4-19-10

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: G152
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Rodney H. Walker</u>	Latitude: <u>33° 38' 09.5"</u> Longitude: <u>90° 38' 27"</u>
Mailing Address: <u>74 Cockerham Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Shaw</u> <u>Ms.</u> <u>38773</u>	GPS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> <u>SW</u> 1/4 Sec <u>29</u> Twn <u>21</u> Rng <u>04W</u>
Telephone No. <u>(662) 843-1753</u>	Distance Direction Nearest Town
	<u>0</u> Miles <u>79</u> of <u>Shaw Ms</u>

Well / Borehole Data

Date drilling started: 4-19-10 Date drilling completed: 4-19-10 depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: old 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

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: 49 feet above or below (circle one) land surface Date measured: 4-19-10

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

Well depth: _____ Well grouted to a depth of _____ 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)

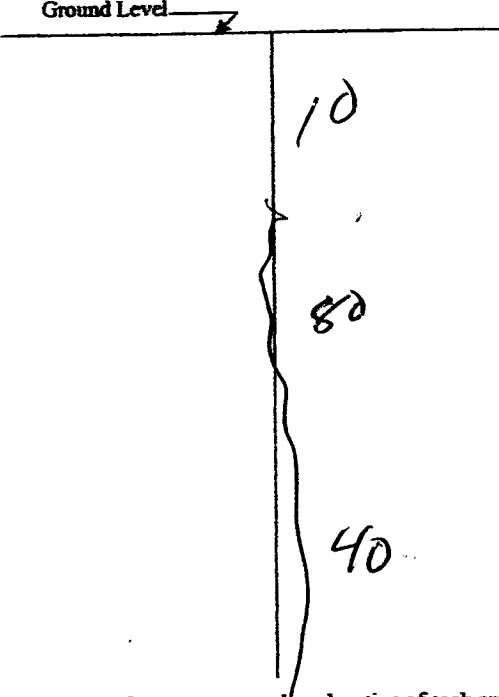
RECEIVED
MAY 18 2010
BY: OLWR

G152

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	45
sand	45	75
sand gravel	75	120

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; 4) a north arrow.

Landowner Name: Rodney H. Walker

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

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

Print Name of Responsible Licensee and License No. Sidney Cook Cook 289 Date 4-19-10

Signature of Licensee Sidney Cook RECEIVED

MAY 18 2010

BY: OLWR

STATE WELL REPORT

G 152

County: Sumner
 Permit #: 43756
 Driller: Cook, Dilling, Co., Inc.
 Date completed: 4-19-10
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 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>Rodney H. Walker</u>	Latitude: <u>33 38 09 N</u> Longitude: <u>90 38 45 W</u>
Mailing Address: <u>74 Cockerham Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shaw Ms. 38773</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> T <u>21</u> R <u>04 W</u>
Telephone No. <u>662 843-1753</u>	Distance Direction Nearest Town
	<u>9</u> Miles <u>NE</u> of <u>Shaw Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-19-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>8</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 Electric Measuring Line Steel Tape
Static Water Level (A): <u>48</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 Dilling Co. Inc 289 Rodney Walker
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-10(04/08)

RECEIVED
 MAY 18 2010
 BY: OLWR