

Balina Sunflower

State Well Report Part 1

County: DeSoto
 Permit #: 6W42114
 Driller: Cook Drilling Co
 Date drilling completed: May 28-07

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: M153
 Well #: 174
 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.

Well Owner Information		Well Location	
Owner Name: <u>Waddell Farms</u>	Mailing Address: <u>503 Augusta Street</u>	Latitude: <u>33.39.413"</u>	Longitude: <u>90.49.119"</u>
City: _____	State: <u>MS</u>	Zip Code: <u>38751</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
Telephone No: <u>662 887-2663</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
		NE ^{1/4} NW ^{1/4} Sec <u>21</u> Twn <u>21N</u> Rng <u>6W</u>	
		Distance <u>2</u> Miles Direction <u>NW</u> Nearest Town <u>Franklin MS</u>	

Well Data

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

Date well drilling started: May 28 07 Date well drilling completed: May 28-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: May 28 07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): 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 Underscreened Telescoped Open hole Natural Development
 Other (describe): _____

Top of last 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. Silvery Cook
 Print Name of Well Contractor and License No. 289 Signature of Water Well Contractor

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 BY: OLWR

Bolivar Sunflower

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)

County: Sunflower
 Permit #: 6W 42114
 Driller: COOK Drilling Co., Inc.
 Date completed: Jan 10-07

For Office Use Only:
 Aquifer: M153
 Well #: P-174
 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 <u>09049-119</u>	
Owner Name: <u>Waldwell Farm</u>	Latitude: <u>33-39-613</u>	Longitude: <u>09049</u>	
Mailing Address: <u>503 Augusta Street</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Indianola MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>1/4</u>	<u>1/4</u> Sec	Twn <u> </u> Rng <u> </u>
Telephone No. <u>662, 887-1663</u>	Distance <u>2</u> Miles	Direction <u>NW</u>	Nearest Town <u>Indianola, ms</u>

Air Lift	Pump Type Circle one		Power Type Circle one		
	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>May 10 07</u>		Horse Power Rating of Motor: <u>60</u>		
Rated Pump Capacity: <u>2500</u> Gallons Per Minute			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>40</u> Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured static 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 Subray Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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