

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)

County: YAZOO
 Permit #: GW44461
 Driller: Cook Drilling Co., Inc.
 Date drilling completed: 12-3-10

For Office Use Only:

Aquifer: G142
 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 style="text-align: center;">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rob Coker Jr.</u> Mailing Address: <u>635 Coker Road</u> <u>Yazoo City MS 39194</u> City State Zip Code Telephone No. () _____</p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>32° 66' 31"</u> Longitude: <u>90° 23' 20"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 SW 1/4 Sec 3 Twn 12 Rng 02W</u> Distance <u>2</u> Miles <u>SW</u> Direction of <u>YAZOO</u> Nearest Town</p>
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Well / Borehole Data

Date drilling started: 12-3-10 Date drilling completed: 12-3-10 Hole depth: 140 Hole diameter: 26

Location of the source of any surface water used for drilling: Aitch
 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: 16 feet above or below (circle one) land surface Date measured: 12-15-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 140 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 100 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: 050 inches Setting depth: From 100 feet to 140 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*

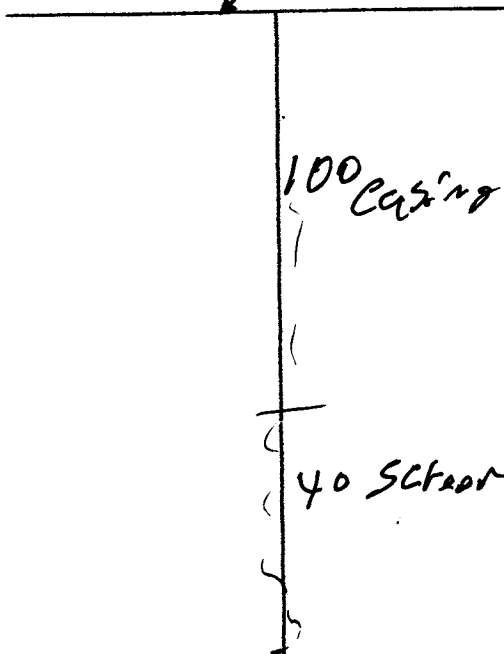
Form: OLWR-SWR-1A (04/08)

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 BY [signature]

G142

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Clay Fin Sand	Ground Level	20
Sand Fin	20	70
Sand Coars	70	100
Hard sand clay	100	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; 4) a north arrow.

Landowner Name: Rob Aker Jr.

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.

COOK Drilling Co., Inc. 289
Print Name of Responsible Licensee and License No. 4-2011
Date

Silky Cook
Signature of Licensee

APR 28 2011
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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: Yazoo
Permit #: 24461
Driller: Cook Drilling Co., Inc.
Date completed: 12-15-10
Copy information from block on Part 1

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>Rob Coker Jr.</u>	Latitude: <u>32-66 3/3</u> Longitude: <u>90 23-60 1</u>
Mailing Address: <u>635 Coker Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Yazoo City</u> <u>MS</u> <u>39194</u>	<u>NE 1/4 SW 1/4 Sec 3 T127R02W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>W</u> of <u>Yazoo City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12-15-10</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>3</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>16</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 Drilling Co. Inc. 289 Rob Coker
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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