

**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: Bolivar  
Permit #: MS-GW-49251  
Driller: Tommy Peacock Jr.  
Date drilling completed: 3/26/16

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: M 270  
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>Cotton Station Holdings LLC</u>	Latitude: <u>33° 43' 56"</u> Longitude: <u>90° 43' 32"</u>
Mailing Address: <u>1319 Memorial drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <del>Hand-held GPS</del> Survey-grade GPS
<u>Cleveland MS 38732</u>	<u>NW 1/4 NW 1/4 Sec 28 Twn 22N Rng 05W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 843-2028</u>	<u>1 Miles South of Cleveland</u>

**Well / Borehole Data**

Date drilling started: 3/26/16 Date drilling completed: 3/26/16 Hole depth: 112' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 1/4 mile west of well site  
Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank

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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 72 feet to 112 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*

MAR 30 2016



# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: 17270  
 Aquifer: \_\_\_\_\_

County: Bolivar  
 Permit #: MS-GW-49251  
 Driller: Tommy Peacock, Jr.  
 Date completed: 9/25/16  
Copy information from block on Part 1

*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>Cotton Station Holdings, LLC</u>	Latitude: <u>33° 43' 56"</u> Longitude: <u>90° 43' 32"</u>
Mailing Address: <u>1319 Memorial Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>(dba) Tippeco Creek FARMS</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Cleveland, MS 38732</u>	<u>NW 1/4 NW 1/4, Sec 28 T 22 N R 05 W</u>
City State Zip Code	<u>1</u> Miles <u>South</u> of <u>Cleveland (down town)</u>
Telephone No. <u>(662) 843-2028</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)** pumping 220 gpm @ 70 psi.

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 8-20-16 Rated Pump Capacity: 250 gpm @ 0 psi Gallons Per Minute  
... @ open discharge

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): (3φ, 460V, 60Hz)

Horse Power Rating of Motor: 25 hp Setting Depth: 80' ± 3" feet Number of Stages: 7 (5')

**Pump Test Data for Non Flowing Well**

Date Well Tested: 09-25-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 47 Feet Below Land Surface Pumping Water Level (B): 55 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 250 Gallons Per Minute

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: Dakian-Teren Industry Instruments Co., LLC Meter Serial Number: 14010314

Meter Model Number/Name: Teren-Worm (4") Type of Meter: Ultrasonic Water Meter

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Direct-digital Readout

Installation Date: 8-23-16 Meter installed by: Owner: Cotton Station Holdings, LLC (R&E, T&M)

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tommy Peacock UWR-3408 10-12-16 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

**RECEIVED**  
**OCT 14 2016**  
 Form: OLWR-SWR-2A (4/13)  
**BY OLWR**