county: Cahoma county
Permit #: (-W - 47117)
Driller: Tommy Peacock
Date drilling completed: $\frac{6/5/13}{}$

# 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 39225-2309
(601)961-5210

(601)360-0535 (fax)

For Office Use Only:

Well #: \_\_A -39

Aquifer: \_\_\_\_\_

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.

Department at the above address within 30 days of con	npletion of aritting of the well or borenole.
Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 34-26-46 Longitude: 90-29-33
Owner Name: Evans Planting Company	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: 1590 Granberry Rock	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 4 NW 4, Sec 77 T 30N R 03W</u>
•	(Distance) (Direction) (Nearest Town)
Telephone No. (662) 302-1819	(Distance) (Direction) (Realest 10MI)
	orehole Data
Date drilling started: $(r/5)13$ Date drilling completed:	6/5/13 Hole depth: 115 Hole diameter: 26
Location of the source of any surface water used for drilling	ng: Atch Z miles cost at well location
Method of dosing and volume of Chlorine used in drilling a	nd development: Ehlannisteil in talk
	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (	(describe)
If drilling is not related to water well c	onstruction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture
Other (describe):	
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 (describe):
Well depth: 115' Well grouted to a depth of: 10 1	feet Type of grout (circle one): Neat Cement (Sentonite) Mix
Casing length: 75 feet Casing diameter:	16" inches Type of casing: PVC
Screen length: 40' feet Screen diameter:	16 inches Type of screen: RC
Screen slot size:inches Setting depth	: From 75' feet to 115' feet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Dev REGEVED
Other (describe):	· JUL <b>0 1</b> 2013
Top of lap pipe or reduction in casing:feet	
If telescoped or more than	one screen, describe on next page

County: Cichoma		
Permit #:	CN -47117	

## For Office Use Only:

11-11-4.	A39
Vell #:	1,0

#### The sketch below only required for water wells

#### If well telescopes, show depths on sketch.

Ground Level	
of Top so.l/ 15 Clay+sand mix	15'
15 Clay & Sand mix 15' Clay & Sand mix 35' Clay & Sand mix	70'
15' Fine sand	10
45' medium 1 courses 55' sand	10
92 Sand	37
gy Fine sairs	2
95 course said	( '
95 BERUCI	10'
If more than one screen, sho	LO' w location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Top soil / clay + sovelmix	Ground level	15'
Clary sand mix	15	35'
Fine sond	35	45
medium course sand	45	53
Course same	<u> 55                                   </u>	<b>5</b> \$5
Coaise saret	\$S	97
Fine sand	92	94
COOLSC SAIR	93	95
gravel	(15	105
gravel & course sound	105	115
,		

Sketch the property	lavout and	include the	following:
Skerch the broberty	lavoul and	include the	TOLLOWING.

- 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) north arrow

**RECEIVED** 

JUL 0 1 2013

BY: OLWR

Landowner Name:

I HEREBY 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.

Tommy Peacock Sr #3409 6-24-1.
Fint Name of Responsible Licensee and License No. Date

Signature of Licensee

Form: OLWR-SWR-1A (4/13)



RECEIVED

JUL 0 1 2013

BY: OLWR

# STATE WELL REPORT

# County: COAHOMA Permit #: Gw. 47117 Driller: Tommy ALACOCK Date completed: 6-5-13 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 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:	
Well #:	
Aquifer:	

·	300 0333 (lax)	
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the De	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.	
Well Owner Information	Well Location	
Owner Name: EUAUS PLANTING CO	Latitude: 34° 26. 46" Longitude: 90° 29 . 33"	
Mailing Address:/590 GRAN BERRY RU	Method of Lat/Long (check one): Conventional Survey,	
-	USGS quad, Hand-held GPS, Survey-grade GPS	
COAHOMA MS ST617 City State Zip Code	<u>5E 1/4 NW 1/4, Sec 27 T 30N R B3W</u>	
City State Zip Code	(Distance) Of LULA (Nearest Town)	
Telephone No. ( <u>662</u> ) <u>302 - 1819</u>	(Distance) (Direction) (Nearest Town)	
Pump Type	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other ( <i>describe</i> ):	
Date Pump Installed: 6-19-13 Ra	ated Pump Capacity: <u>2200</u> Gallons Per Minute	
Is This Pump (circle one): (New) Repaired Replacement		
Power Typ	e (circle one)	
Electric (Diesel) Gasoline Natural Gas Tractor PTO Wind	mill Other ( <i>describe</i> ):	
Horse Power Rating of Motor: <u>(aO</u> Setting Depth	: <u>70</u> feet Number of Stages: <u>Z</u>	
Pump Test Data fo	or Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surfa	ce Test Pumping Rate: Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
	a for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
, Meter In	nstallation	
Meter Manufacturer:	Meter Serial Number:	
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF $x$ .001, gal $x$	c 1000, etc): RECEIVED	
Installation Date: Meter installed by: 2 8 201		
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.)	
DAUED P. HOLT 0-752P	6-25-13	
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer	
	Farme OLVID CWD 4D (4/42)	

Form: OLWR-SWR-1B (4/13)

13.0.138