

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 #: A40
Aquifer: _____
E-Log #: _____

County: Cochosoma county
Permit #: EW-47118
Driller: Tommy Peacock
Date drilling completed: 6/4/13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Evans Planting Company</u>	Latitude: <u>34-26-59</u> Longitude: <u>90-29-43</u>
Mailing Address: <u>1590 Cranberry rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cochosoma</u> MS <u>38617</u>	<u>NE 1/4 NW 1/4, Sec 27 T 30N R 03W</u>
City State Zip Code	<u>8</u> Miles <u>East</u> of <u>W Helena Arkansas</u>
Telephone No. <u>(662) 302-1819</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/4/13</u> Date drilling completed: <u>6/4/13</u> Hole depth: <u>115'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>ditch one mile east of well location</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>115'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>75'</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.50</u> inches Setting depth: From <u>75'</u> feet to <u>115'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Drift <input type="checkbox"/> Cemented
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

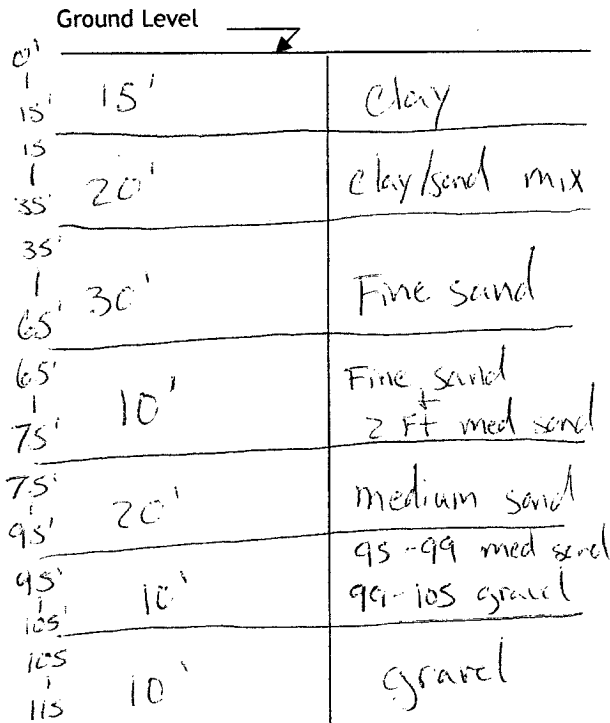
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County: Cochema County
 Permit #: BW-47118

For Office Use Only:
 Well #: A40

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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	Ground level	15'
clay/sand mix	15'	35'
Fine sand	35'	65'
Fine sand + 2 FT med sand	65'	75'
medium sand	75'	95'
95-99 med sand + 99-105 gravel	95'	105'
gravel	105'	115'

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) north arrow

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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 6-24-13 Tommy Peacock SR
 Print Name of Responsible Licensee and License No. Date Signature of Licensee



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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 #: A40

Aquifer: _____

County: COAHOMA
 Permit #: GW-47118
 Driller: TOMMY PEACOCK
 Date completed: 6-4-13
 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>EVANS PLTG CO</u>	Latitude: <u>34° 26' 59"</u> Longitude: <u>90° 29' 43"</u>
Mailing Address: <u>1590 GRANBERRY RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>COAHOMA</u> MS <u>38617</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>27</u> T <u>30N</u> R <u>03W</u>
City State Zip Code	<u>1</u> Miles <u>W</u> of <u>1</u> <u>LULA</u>
Telephone No. <u>(662) 358-7798</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-19-13 Rated Pump Capacity: 1200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement EXISTING

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for 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 Surface Test Pumping Rate: _____ 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: N/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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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.

DAVID P. HOLT 0-752P 7-4-13 _____

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

13-00000