

County: Cochran
 Permit #: GW47991
 Driller: Will Young
 Date drilling completed: 5-20-2014

State Well Report
Part I - Driller's Log
 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: _____
 Well #: B86
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>John McKee</u>	Latitude: <u>34° 21' 54"</u> Longitude: <u>90° 36' 31"</u>
Mailing Address: <u>PO Box 98</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Fricks Point, MS 38631</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 27 Twp 29N Rng 4W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>Fricks Point</u>

Well / Borehole Data

Date drilling started: 5-19 Date drilling completed: 5-19 Hole depth: 150' Hole diameter: 22"

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: n/a

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

Casing length: 110 feet Casing diameter: 16 inches Type of casing: PRC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PRC

Screen slot size: 0.50 inches Setting depth: From 110' feet to 150' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: n/a feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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BY: OLWR

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 #: B86
 Aquifer: _____

County: COAHOMA
 Permit #: GW-47991 ✓
 Installer: Will Yang
 Date completed: 5-30-14
 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>McKee PLANTING CO</u>	Latitude: <u>34°21'51"</u> Longitude: <u>90°36'17"</u>
Mailing Address: <u>1710 McKee RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>FRIARS POINT</u> MS <u>38631</u>	<u>NW</u> 1/4 <u>NW</u> 1/4, Sec. <u>27</u> T <u>29N</u> R <u>04W</u>
City State Zip Code	<u>1 1/2</u> Miles <u>E</u> of <u>FRIARS POINT</u>
Telephone No. <u>(601) 383-7245</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-4-14 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 40 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: NOT AVAILABLE 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

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 6-17-14 [Signature]

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

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JUN 03 2014

B. NIWA

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