

County: Coke
 Permit #: 6W-46975
 Driller: Terry Coats
 Date drilling completed: 9-9-13

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: L 126
 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>Campbell, Mildred, Trust</u>	Latitude: <u>34° 5' 53"</u> Longitude: <u>90° 35' 45"</u>
Mailing Address: <u>8318 North Anne Drive</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Houston TX 77040</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 30 Twn 26N Rng 04W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6 Miles E of Duncan</u>

Well / Borehole Data

Date drilling started: 9-9-13 Date drilling completed: 9-9-13 Hole depth: 105 Hole diameter: 28

Location of the source of any surface water used for drilling: Nearest well

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: 41 feet above or below (circle one) land surface Date measured: 9-9-13

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 265 feet to 70 105 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: 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 #: L126

Aquifer: _____

County: Cochran
 Permit #: 62-46975
 Driller: Jody Potts
 Date completed: 9-9-13
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>Cobbell Mildred Trust</u>			Latitude: <u>34 5 53</u> Longitude: <u>90 38 48</u>		
Mailing Address: <u>5315 North Tower Drive</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City: <u>Houston</u>	State: <u>TX</u>	Zip Code: <u>77040</u>	<u>SE</u> 1/4 <u>NE</u> 1/4, Sec <u>30</u> T. <u>26N</u> R. <u>04W</u>		
Telephone No. () _____			<u>6</u> Miles <u>E</u> of <u>Duncan</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9-9-13 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2-stages

Pump Test Data for Non Flowing Well
 Date Well Tested: 9-9-13 Duration of Pump Test (minimum 4 hours): 8 hours
 Static Water Level (A): 41 Feet Below Land Surface Pumping Water Level (B): 55 Feet Below Land Surface
 Drawdown [(B) - (A)]: 14 Feet Below Land Surface Test Pumping Rate: 2200 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 2200 GPM with a drawdown of 14 feet after 8 hours of pumping

Meter Installation
 Meter Manufacturer: _____ 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.

Jody Potts 5315 9-9-13 Jody Potts
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

GW-05259

GW-10080

GW-36050

GW-00921

GW-05255

GW-43954

GW-43955

GW-46972

GW-46975

GW-13696

GW-03529

GW-03748

GW-38658

GW-00000

●GW-10080

OG

GW46975

●GW-05255

GW-46972

CSW-03798

OW-0000