

County: Madison
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 10-21-14

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 #: U43
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Heath Cochran Cochran</u> <u>Cochran</u> Mailing Address: <u>683 Twelve Oaks tree</u> <u>Canton MS 39046</u> City State Zip Code Telephone No. <u>(662) 836-6122</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>32° 30' 37" N</u> Longitude: <u>89° 39' 57" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NE 1/4</u> Sec <u>29</u> Twn <u>8N</u> Rng <u>3E</u> <u>SW NW</u> <u>28</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 10-9-14 Date drilling completed: 10-21-14 Hole depth: 520 Hole diameter: 6
 Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: NA
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): DEQ
 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: 200 feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 350 Well grouted to a depth of 37 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 330 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 008 inches Setting depth: From 330 feet to 350 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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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)

County: Madison
 Permit #: _____
 Driller: Well Barlow
 Date completed: 10-22-14
Copy information from block on Part 1

For Office Use Only:

Well #: UA3
 Aquifer: _____

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>Heath Cockren</u>	Latitude: <u>32°30'37"N</u> Longitude: <u>89°59'57"W</u>
Mailing Address: <u>683 Twelve oaks TRce</u>	Method of Lat/Long (check one): Conventional Survey _____ <input checked="" type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____
City: <u>Canton</u> State: <u>MS</u> Zip Code: <u>39046</u>	USGS quad: <u>NE 1/4 NE 1/4, Sec 29 T 8N R 3E</u>
Telephone No. <u>(662) 836-6122</u>	Miles <u>SW</u> of <u>NW</u> of <u>28</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-22-14 Rated Pump Capacity: 10 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: 1 Setting Depth: 250 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10-22-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 200 Feet Below Land Surface Pumping Water Level (B): 218 Feet Below Land Surface

Drawdown [(B) - (A)]: 18 Feet Below Land Surface Test Pumping Rate: 15 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: _____ 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.

Arnold Fincher Jr 0-560 10-25-14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 10/27/14
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