

State well report
Part 1

For Office Use Only:

County: WASHINGTON

Permit #: 12W 40560

Driller: Chasco Irrigation

Date drilling completed: 7-30-05

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)

Aquifer: _____

Well #: K-127

L. S. Elevation: _____

E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>CO CO PLANT NG CO.</u>	Latitude: <u>33° 10' 76" N</u> Longitude: <u>090° 59' 09" W</u>
Mailing Address: <u>PO Box 143</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Avon, MS.</u>	USGS quad, <u>SE</u> <u>NE</u> <u>1</u> Twn <u>16N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-820-1418</u>	<u>3</u> Miles <u>EAST</u> of <u>AVON</u>
	<u>COCKAN ROAD</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-30-05 Date well drilling completed: 7-30-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-30-05

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

Hole depth: 113 Well depth: 108 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 4 1/2 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 45 feet to 55 feet 68-75

Type of completion (circle all applicable): Gravel packed Underreamed 80-98 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JAMES McDONALD #332
Print Name of Water Well Contractor and License No.

James McDonald
Signature of Water Well Contractor

RECEIVED
AUG 18 2005
BY: OLWR

Part 2

County: Washington
Permit #: OW 40560
Driller: Charles Irigoyen
Date completed: 7-30-05

Pump Installer's Completion Report
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 #: K-127
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information		Well Location	
Owner Name: <u>Coco Planting Co.</u>		Latitude: <u>33-10-76N</u>	Longitude: <u>090-59-090W</u>
Mailing Address: <u>Po Box 143</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Avon MS. 38723</u>		<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>1</u> Twn <u>16N</u> Rng <u>8W</u>	
City State Zip Code		Distance	Direction
Telephone No: <u>662 820-1418</u>		<u>3</u> Miles	<u>EAST</u> of <u>Avon</u>
			<u>Rockran Rd.</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>600</u>		
Date Pump Installed: <u>7-31-05</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>3000</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): _____ Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>TEST</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): _____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
GLEN Rowe #710P
Print Name of Pump Installer and License No. (if applicable) [Signature]
Signature of Pump Installer

RECEIVED
AUG 18 2005
BY: OLWR