County: Washing de A Permit #: GW-46021 Driller: Charles M. Aichols Date drilling completed: 5-17-12

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 #:	K172	
Aquifer:		
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.

	netion of artiting of the well or borenote.
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Marun Cochran	Latitude: 33°11.932 N Longitude: 91 61.9560
Mailing Address: Kauin Planting Co.	Method of Lat/Long (check one): Conventional Survey,
P.O. B0X115	☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
Avon M3. 38723 City State Zip code	NE 1/2 SW 1/2, Sec 27 T 16N R 8W
Telephone No	(Distance) Miles SE of Avan (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 5-17-12 Date drilling completed:	5-17-12 Hole depth: 97 Hole diameter: 26
Location of the source of any surface water used for drilling:	Ditch
Method of dosing and volume of Chlorine used in drilling and deve	elopment: HTH
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	ma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one):	nical/Geological Investigation
☐ Seismic Survey	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P	ublic Supply 🖆 Irrigation 🛘 Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: / 6 feet [above or 6 feet (check one)	w] land surface Date measured: 5-17-12
Method of Measurement (check one) Steel tape Electric tap	be Air line Other: (describe)
Well depth: 97 Well grouted to a depth of: 10 feet	Type of grout <i>(check one)</i> : ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length: feet Casing diameter:	16 inches Type of casing:
Screen length: 40 feet Screen diameter:	16 inches Type of casing:
Screen slot size: , , , , , , inches Setting depth:	From feet to feet
Type of completion (check all applicable): 🗗 Gravel packed 🗌 U	nderreamed [Open hole Natural Development
☐ Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than on	e screen, describe on next page

County: Washington Permit #: 6W-46021	For Well #:	·Office Use (K172	Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encountered must and boreholes, unless specifically exempted	be provided for all by regulations	wells
If well letescopes, snow depths on snear.	Description of Formations Encountered	From (depth)	To (depth)
Ground level		Ground level	
	Garden class	0	20
	Sine to mee sand	20	30
·	med to course sand	.30	40
	course sand little para	2040	60
	med to course some	60	75
	course sand + p-gravel	75	97
	comented gravel	97	
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		-	
		 	
		<u> </u>	
If more than one screen, show location of each on sketch			L
Sketch the property layout and include the following:			
1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) a north arrow			
			1
Landowner Name: Marvin Coch	an		
I HEREBY CERTIFY that the well/borehole was drilled, corequirements of the Mississippi Department of Environme if applicable, and state laws.	ntal Quality and the Mississippi Department	Form: OLWR-S h all applicable of Health regulati	
Charles M. Nichols 667 Print Name of Responsible Licensee and License No.	4-10-14 Charles Date Signatu	M. Mack re of Licensee	le le
		Form: OLWR-S\	VR-1A (4/13)

County: Washington Permit #: Gw 46021 Driller: Charles -M. A. chols Date drilling completed: 5-17-12 Copy Information from block on Part 1

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

P.O. Box 2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	· Office Use Only:	
Well #:	KITZ	
Aquifer:		

ignature of Pump Installer Form: OLWR-SWR-1B (4/13)

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 Latitude: 33°11,992 N Longitude: 91°01.9884 Method of Lat/Long (check one):

Conventional Survey, ☐ USGS quad. [4 Hand-held GPS. ☐ Survey-grade GPS NE USW M. Sec 27 TIEN REW 2 Miles SE of Auon (Distance) (Direction) (Nearest Town Telephone No. Pump Type (check one) ☐ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Date Pump Installed 5-19-12 Rated Pump Capacity: 2500 Gallons Per Minute Is This Pump (check one): WNew Repaired Replacement Power Type (check one) ☐ Electric Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 60 feet Number of Stages: 2 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): hours Date Well Tested: 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 (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Pump Test Data for Flowing Well Measured shut in head: feet feet after hours of pumping GPM with a drawdown of Well yielded Meter Installation Meter Serial Number: Meter Manufacturer: Type of Meter: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: Is This Meter (check 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.