

City of Avon
 Permit #: 40561
 Driller: AVON IRRIGATION
 Date drilling completed: 7-14-05

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 #: L-159
 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>MARVIN COCHRAN</u>	Latitude: <u>33° 12' 64"</u> Longitude: <u>090° 51' 378"</u>
Mailing Address: <u>PO Box 115</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Avon, MS. 38723</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 27 Twn 16N Rng 7W</u>
Telephone No: <u>662-820-1418</u>	Distance Direction Nearest Town
	<u>6 Miles EAST of AVON</u>

Well Data

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

Date well drilling started: 7-14-05 Date well drilling completed: 7-14-05

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-14-05

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 120 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 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 James McDonald
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

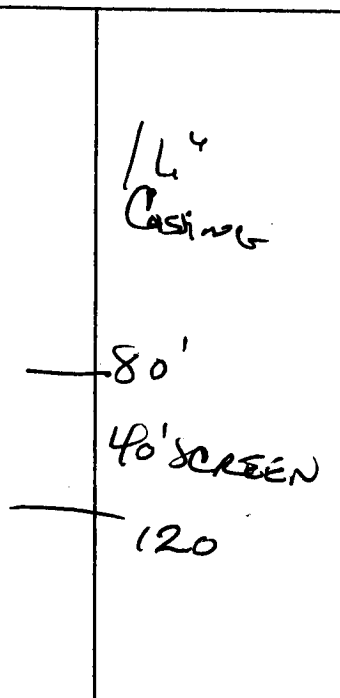
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 BY: OLWR

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L-159

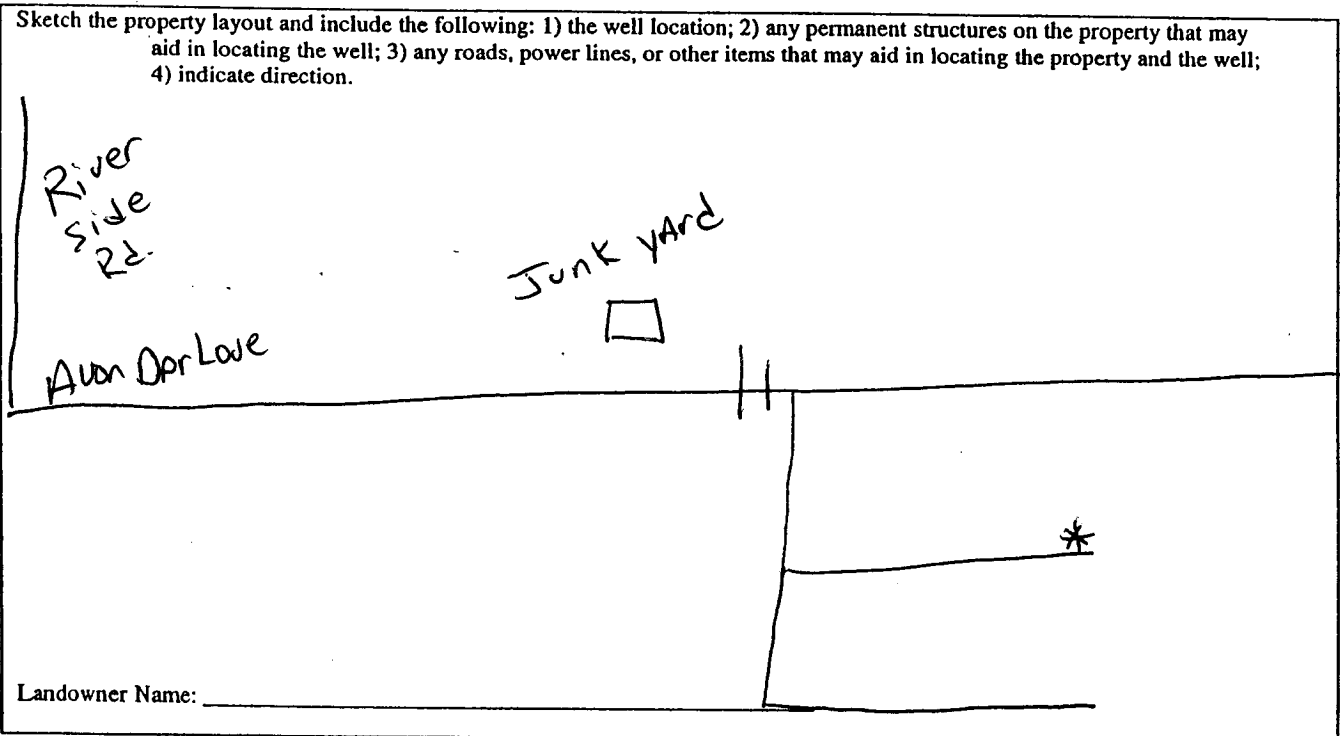
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND	10	60
GRAY CLAY	60	80
COARSE SAND	80	120

If more than one screen, show location of each on sketch



Landowner Name: _____

James McDonald

 Signature of Water Well Contractor

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 BY 2277

STATE WELL REPORT
Part 2

County: WASHINGTON
Permit #: 40561
Driller: CHICOT IRRIGATION
Date completed: 7-14-05

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 #: L-159
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>MARVIN COCHRAN</u>	Latitude: <u>33-12-614</u> Longitude: <u>090-51-378</u>
Mailing Address: <u>PO Box 115</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>AVON, MS. 38723</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>27</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>662-820-1418</u>	Distance Direction Nearest Town <u>6</u> Miles <u>EAST</u> of <u>AVON</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>60</u>
Date Pump Installed: <u>7-15-05</u>	Setting Depth: <u>70</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 Steel Tape
Static Water Level (A): <u>NOT TEST</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TEST</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 of Pump Installer

RECEIVED
MAY 10 2005
BY: [Signature]