

County: Washington
 Permit #: 50 855
 Driller: Charles M. Nichols
 Date drilling completed: 6-4-19

State Well Report
Part 1 - Driller's Log

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 212
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Coco Planting Farms</u> Mailing Address: <u>Po box 137</u> <u>Avon ms</u> <u>Avon ms 38723</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 12' 43"</u> Longitude: <u>90° 56' 51.7"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>29</u> Twn <u>16N</u> Rng <u>7W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 6-4-19 Date drilling completed: 6-4-19 Hole depth: 106 Hole diameter: 24
 Location of the source of any surface water used for drilling: ditch
 Method of dosing and volume of Chlorine used in drilling and development: Hth
 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: 18 feet above or below (circle one) land surface Date measured: 6-5-19
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 106 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .035 inches Setting depth: From 66 feet to 106 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*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	30
Fine to med sand	30	50
Co P-gravel	50	105

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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Landowner Name: _____

Form: OLWR-SWR-1A

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

Charles z. nichols 8221 12-11-19

Print Name of Responsible Licensee and License No. Date


 Signature of Licensee

STATE WELL REPORT

Part 2

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)

County: Washington
 Permit #: _____
 Driller: Charles m. nichols
 Date completed: 6-4-19
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: L 212
 Elevation: _____

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
 Owner Name: Colo Farms
 Mailing Address: PO BOX 137

Avon MS 38723
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 33°12'42.9 Longitude: 90°56'51.7
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
MW 1/4 MW 1/4 Sec 29 T16N R 7W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-5-19
 Rated Pump Capacity: 1,600 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 40
 Setting Depth: 70 feet
 Number of Stages: 1


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Pump Test Data
 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Charles z. nichols 8221
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer: _____
 Form: OLWR-SWR-1B

Mani, R Cochran

 **YMD**
Yazoo Mississippi Delta Joint Water Management District

Don R.
Executive
P. O. Box
Stoneville
Tel.: (662)
Fax: (662)
www.ymd.c

June 3, 2019

Co Co Farms Inc.
PO Box 137
Avon, MS 38723

RE: Receipt for Notification of Construction of Replacement Well MS-GW-50855
which will be replacing MS-GW-07727 located at
Location: NW ¼ of the NW ¼ Section 29 Township 16N Range 07W County Washington
Latitude: 331242 Longitude: 905651

Dear Co Co Farms Inc.,

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.



If you have any questions, please call YMD at 662-686-7712.

Sincerely,
Dillard Melton Jr.
Dillard Melton Jr.
Permitting Director

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Untitled Map

Write a description for your map.

- Legend**
-  Feature 1
 -  Priddy Airport

coco planting 

W Park Rd

Avon Darlever Rd

Google Earth

©2019 Google

1000 ft

