

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 2-1-18

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)331-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: S120
 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Owner Name: R. THAN COCHRAN
 Mailing Address: _____
357 Ceamin Pittman RD
Waynesboro MS 39367
 City State Zip Code
 Telephone No. (601) 410 9581

Well or Borehole Location
 Latitude: 88° 05.7' Longitude: 31° 54.3'
31-32-35 Method of Lat/Long (circle one): Conventional Survey
88-39-25
 USGS quad, Hand-held GPS, Survey-grade GPS
WVWASE 1/4 Sec 26 Twn 7N Rng 7W
 NE NE 36 7N 7W
 Distance Direction Nearest Town
12 Miles SW of Waynesboro

Well / Borehole Data

Date drilling started: 2-1-18 Date drilling completed: 2-1-18 Hole depth: 165 Hole diameter: 4"

Location of the source of any surface water used for drilling: 337 County Lake Dam RD
 Method of dosing and volume of Chlorine used in drilling and development: 1.02 HTH PCL 1000 GAL

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, fill the remainder of this block _____

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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: 12 feet above or below (circle one) land surface Date measured: 2-1-18

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

Well depth: 165 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 145 feet to -165 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

Print Name of Responsible Licensee and License No. Earl Moseley 5996

Date _____

Signature of Licensee Earl Moseley

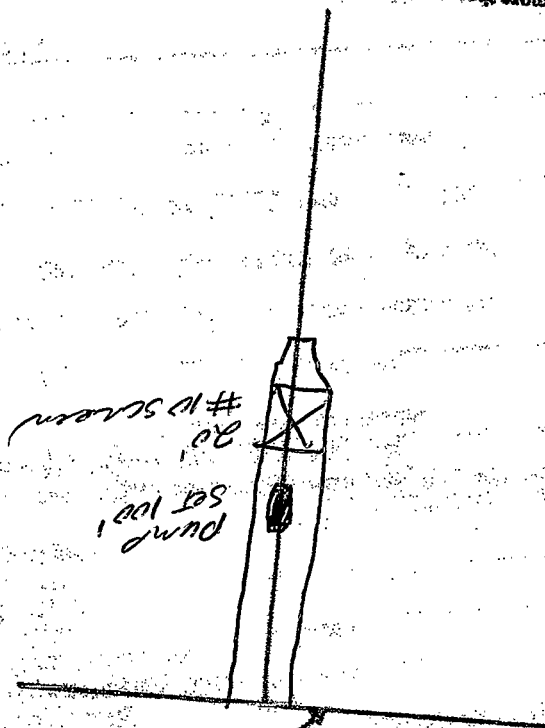
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Michigan Department of Environmental Quality and the Michigan Department of Health regulations, if applicable, and state laws.

Form: OLWR-SWR-1A (04/08)

Landowner Name: _____

Station 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.

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



The sketch below only required for water wells. If well telegraph, show location on sketch.

From (depth)	To (depth)	Description of Formations Encountered
4	4	Red
13	4	Red clay
18	13	Gravel
38	18	Red clay
62	38	Aln sand
75	62	Gravel clay
75	75	Gravel clay
105	75	Gravel clay
132	105	Fine sand
142	132	M/G sand
165	142	M/G sand

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

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
 (601) 961-5210
 (601) 961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 5120
 Elevation: _____

County: Wayne
 Permit #: 5496
 Installer: EARL MASELEY
 Date completed: 2-1-18
 Copy information from block on Part 1

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 kept on file with the Department of the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>ETHAN COCHRAN</u>	Well Location: <u>31-32-35</u>	Latitude: <u>88.657</u>	Longitude: <u>31.543</u>
Mailing Address: <u>357 CLAYTON PITMAN</u>	Method of Lat/Long (check one): Conventional Survey _____	USGS quad _____, Hand-held GPS _____, Survey grade GPS _____	
<u>Waynesboro MS 39267</u>	NE 1/4 Sec 26 T 7N R 7W		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. (601) <u>410 9581</u>	<u>10 Miles SW of Waynesboro</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>3 HP</u>		
Date Pump Installed: <u>3-5-18</u>			Sinking Depth: <u>100</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-5-18</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>12</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>100</u> Feet Below Land Surface		Other (specify): _____	
Drawdown (B) - (A): <u>88</u> Feet Below Land Surface		For flowing well, measured short in head: _____ feet	
Test Pumping Rate: <u>42</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

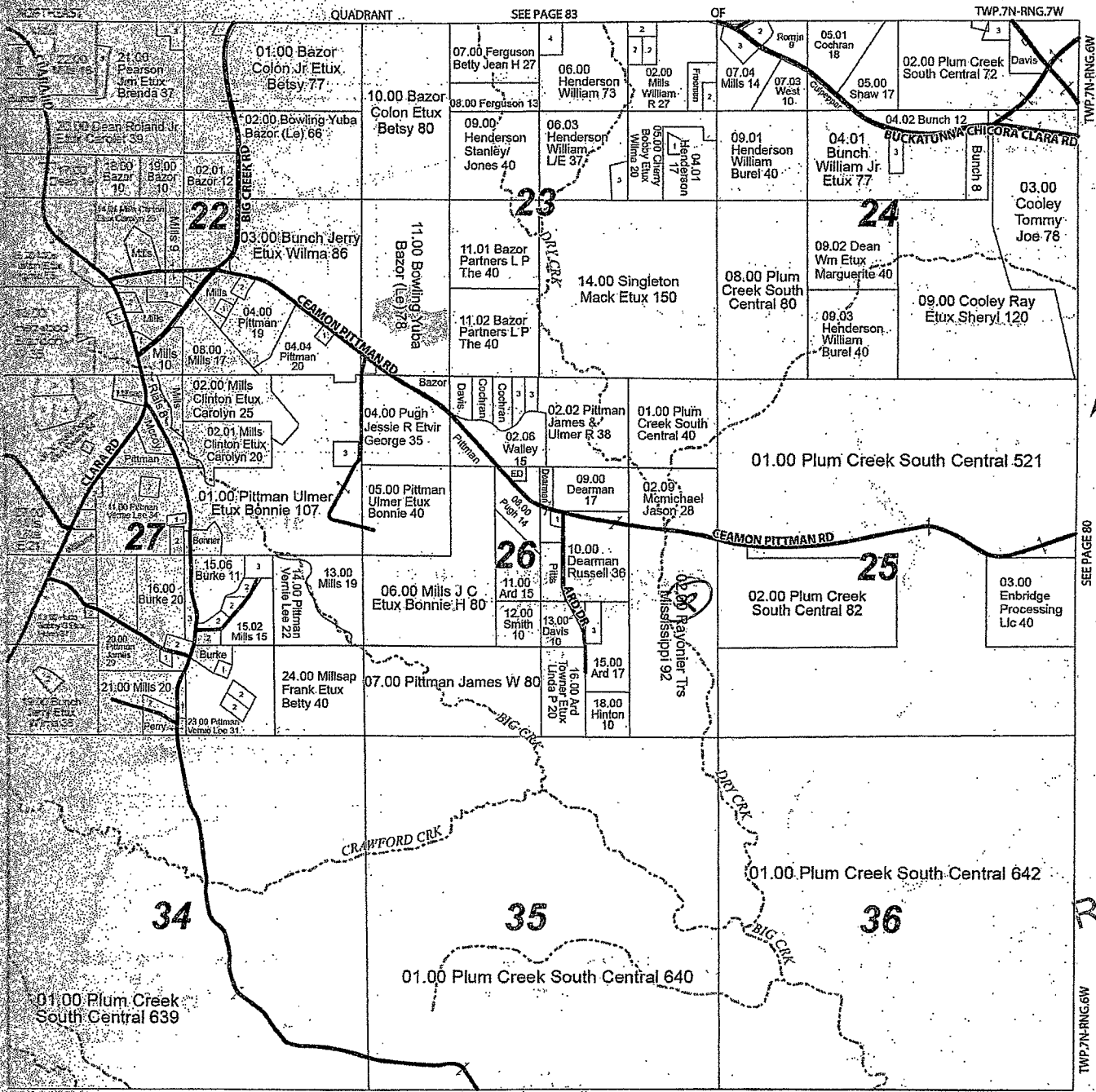
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Earl Maseley 5496 Earl Maseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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S120



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TWP.6N-RNG.7W

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