

Elevance Natchez Inc (new owner)

County: ADAMS
 Permit #: GW 14977
 Driller: Rayborn Drlg
 Date drilling completed: 5/16/96

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 #: C-118
 L. S. Elevation: _____
 E-log #: 551 *test*

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	Well or Borehole Location
Owner Name: <u>Ethyl Petro Additives Inc</u> Mailing Address: <u>151 L.E. Barry Rd 39120</u> <u>Po Box 1208 39121</u> <u>Natchez Ms 39121</u> City State Zip Code Telephone No. () _____	Latitude: <u>31.32.14</u> Longitude: <u>91.26.07</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R 1/4 1R 1/4 Sec 27 Twn 7N Rng 3W</u> Distance _____ Direction <u>South</u> of Nearest Town <u>Natchez</u> <u>Natchez Port on MS River</u>

Test hole / test well 10/7/94 C104

Date drilling started: _____ Date drilling completed: 5/16/96 Hole depth: 694 Hole diameter: 6 7/8

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Test Hole / Test well
 Name of organization running log(s): MGS

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: 73.5 feet above or below (circle one) land surface Date measured: 5/16/96

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

Well depth: 460 Well grouted to a depth of 407 feet Type of grout (circle one) Neat Cement _____ Bentonite _____ Mix _____

Casing length: 407 feet Casing diameter: 8 5/8 inches Type of casing: steel

Screen length: 50 feet Screen diameter: 4 inches Type of screen: stainless

Screen slot size: .010 inches Setting depth: From 410 feet to 460 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: 368 feet. *If telescoped or more than one screen, describe on next page*

*new
 owner
 Elevance
 Natchez
 Inc*

*75'
 (2-log
 holes)
 2350
 N
 +
 2850
 W
 of
 SE*

*Log for test hole
 Test Hole / Test well
 C104
 Log
 # 551*

Bill Oakley got this from the driller since it was never received. SAM 3-17-15

STATE WELL REPORT

Part 2

County: ADAMS
 Permit: GW 14977
 Driller: Rayborn Drlg
 Date completed: 5/16/96
Copy information from block on Part 1

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 #: C-118
 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	Well Location
Owner Name: <u>Ethyl (Elevance) Natchez</u>	Latitude: <u>31-32-14</u> Longitude: <u>91-26-07</u>
Mailing Address: <u>151 L.E. Barry Rd Inc</u> <u>PO Box 1208</u> <u>Natchez Ms. 39121</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>R 1/4 IR 1/4 Sec 27 T 7N R 3W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Direction _____ Nearest Town _____ Miles <u>SOUTH</u> of <u>Natchez</u>
Telephone No. <u>601, 442 5330 Ext 222</u>	

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>350</u>	Setting Depth: <u>211</u> feet
Rated Pump Capacity: <u>225</u> 325 Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/3/96</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>73.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>93.6</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20.1</u> Feet Below Land Surface	Well yielded <u>263</u> GPM with a drawdown of
Test Pumping Rate: <u>263</u> Gallons Per Minute	<u>20.1</u> feet after <u>40 min</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>40 min</u> hours	

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

Print Name of Pump Installer and License No. (if applicable)

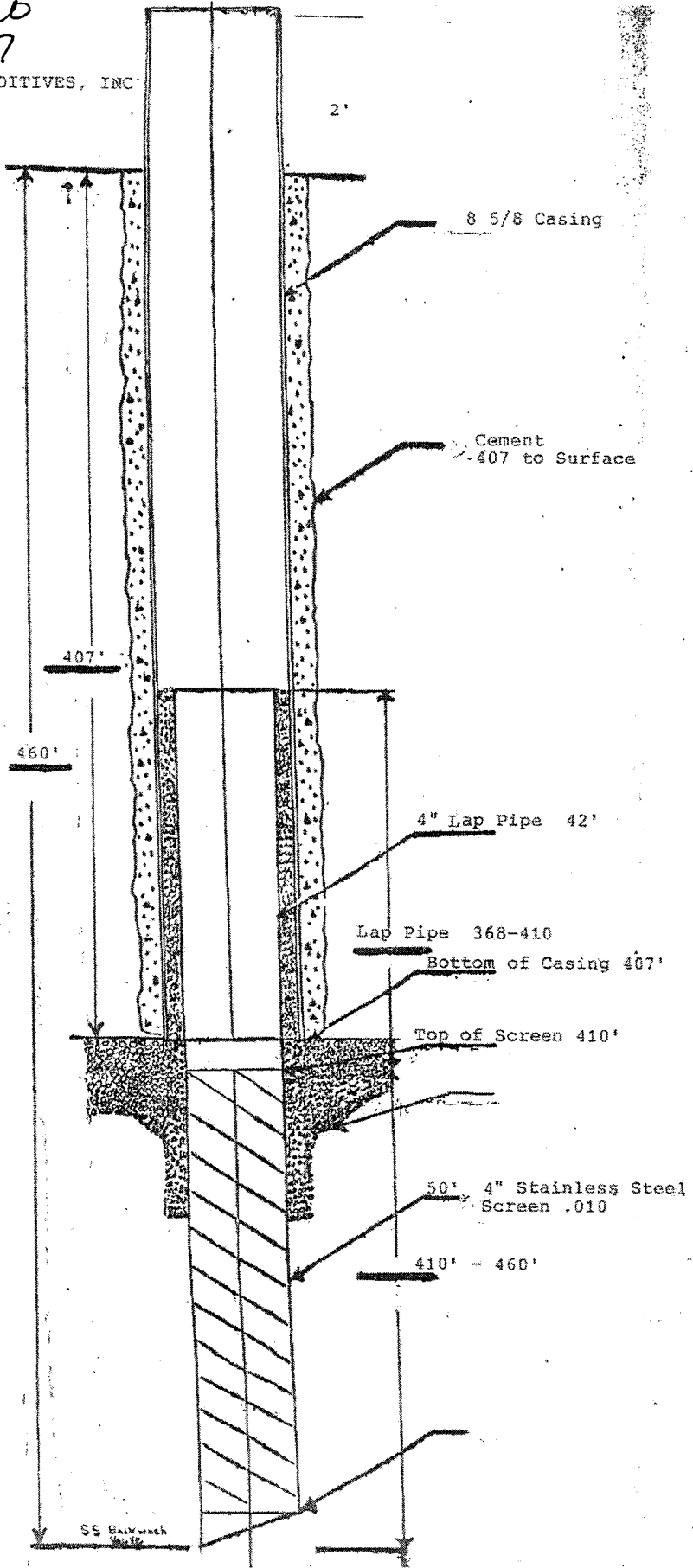
Signature of Pump Installer

Form: OLWR-SWR-1B

FEB 03 2015

Adams Co
GW 14977

ETHYL PETROLEUM ADDITIVES, INC.
NATCHEZ, MS



RECEIVED

FEB 03 2000

WV