

STATE WELL REPORT

372

Amite
 County: _____
 Permit #: _____
 Driller: **Travis West**
 Date drilling completed: **11-1-2021**

**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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: **Q 54**
 Aquifer: _____
 E-Log #: _____
RECEIVED
12-22-2021
BY OLWR

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: Stateline Operating LLC	Latitude: 31.065585 Longitude: -91.048304
Mailing Address: 1616 S. Voss Rd. Suite 1000	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: Houston TX 77057	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ SW 1/4 NE 1/4, Sec 11 T 14 N R 2E
City: _____ State: _____ Zip Code: _____	.5 Miles SE of Centreville
Telephone No. (____) 713 260-6400	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: **11-1-2021** Date drilling completed: **11-1-2021** Hole depth: **210ft** Hole diameter: **6 1/2in**

Location of the source of any surface water used for drilling: **Creek on Lower Centreville Rd**

Method of dosing and volume of Chlorine used in drilling and development: **Tabs 50 PPM**

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
Rig Supply
 Other (describe): _____

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

Static Water Level: **70** feet above or below land surface Date measured: **11-1-2021**

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): **Sonar**

Well depth: **210** Well grouted to a depth of: **20** feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: **170** feet Casing diameter: **4** inches Type of casing: **PVC**

Screen length: **40** feet Screen diameter: **4** inches Type of screen: **PVC**

Screen slot size: **.010** inches Setting depth: From **170** feet to **210** feet

Type of completion (check all applicable) gravel packed Underreamed 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

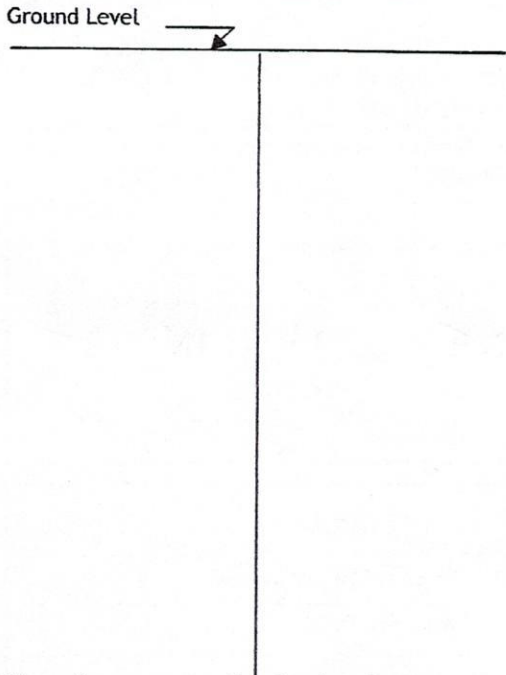
County: Amite
 Permit #: _____

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For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth) Ground level	To (depth)
Clay Gravel	0	22
Sand and Gravel	22	55
Sand	55	117
Sand and Gravel	117	141
Sandy Clay	141	160
Sand	160	210

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) north arrow

Landowner Name: Stateline Operating LLC

I HEREBY 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.

Travis West. UNR-00010622 11-3-2021 *[Signature]*
 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 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: Q 54

Aquifer: _____

RECEIVED

12-22-2021

BY OLWR

County: <u>Amite</u>
Permit #: _____
Driller: <u>Travis West</u>
Date completed: <u>11-1-2021</u>
<i>Copy information from block on Part 1</i>

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>Stateline Operating LLC</u>	Latitude: <u>31.065585</u> Longitude: <u>-91.048304</u>
Mailing Address: <u>1616 S. Voss Rd. Suite 1000</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Houston TX 77057</u>	USGS quad <u>S W 1/4 NE 1/4</u> , Sec <u>11</u> T <u>1N</u> R <u>2E</u>
City State Zip Code	<u>.5</u> Miles <u>SE</u> of <u>Centreville</u>
Telephone No. (713) <u>260-6400</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 11-1-2021 Rated Pump Capacity: 60 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 160 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

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.

Travis West. UNR-00010622 11-3-2021

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