

229 Saxby / Quin location

STATE WELL REPORT

362

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County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 12-8-18

**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 #: 563
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Australis TMS, INC</u>	Latitude: <u>31° 5' 5.5"</u> Longitude: <u>90° 47' 58.2"</u>
Mailing Address: <u>Three Allen Center</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>33 Clay st ste 3680</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houston, TX 77002</u>	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>3</u> T <u>1N</u> R <u>4E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>S</u> of <u>Liberty</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-7-18 Date drilling completed: 12-8-18 Hole depth: 210 Hole diameter: _____

Location of the source of any surface water used for drilling: local well

Method of dosing and volume of Chlorine used in drilling and development: added bleach

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) rig supply

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

Other (describe): rig supply

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

Static Water Level: 71 feet above or below land surface Date measured: 12-8-18
 (check one)

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

Well depth: 200 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 140 feet to 200 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

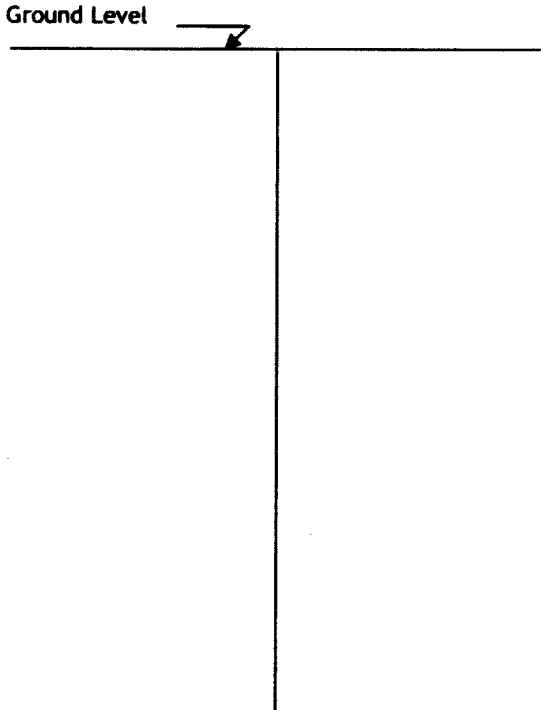
If telescoped or more than one screen, describe on next page

County: _____
 Permit #: _____

For Office Use Only:
 Well #: 563

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)	To (depth)
red sand	Ground level	30
Clay	30	35
red sand + gravel	35	100
blue clay	100	120
white clay	120	140
sand	140	200
Clay	200	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: Australis TMS

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.

John W Thompson 0-679 12-20-18 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: 563

Aquifer: _____

County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date completed: 12-8-18
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 both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Australis TMS Inc</u>	Latitude: <u>31° 5' 5.5"</u> Longitude: <u>90° 47' 58.2"</u>
Mailing Address: <u>3 Allen Center</u> <u>33 Clay St ste 3680</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houston TX 77002</u>	<u>NW 1/4 NW 1/4, Sec 3 T 1N R 4E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>S</u> of <u>Liberty</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 12-8-18 Rated Pump Capacity: 85 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: 120 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: 12-8-18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 71 Feet Below Land Surface Pumping Water Level (B): 75 Feet Below Land Surface
 Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

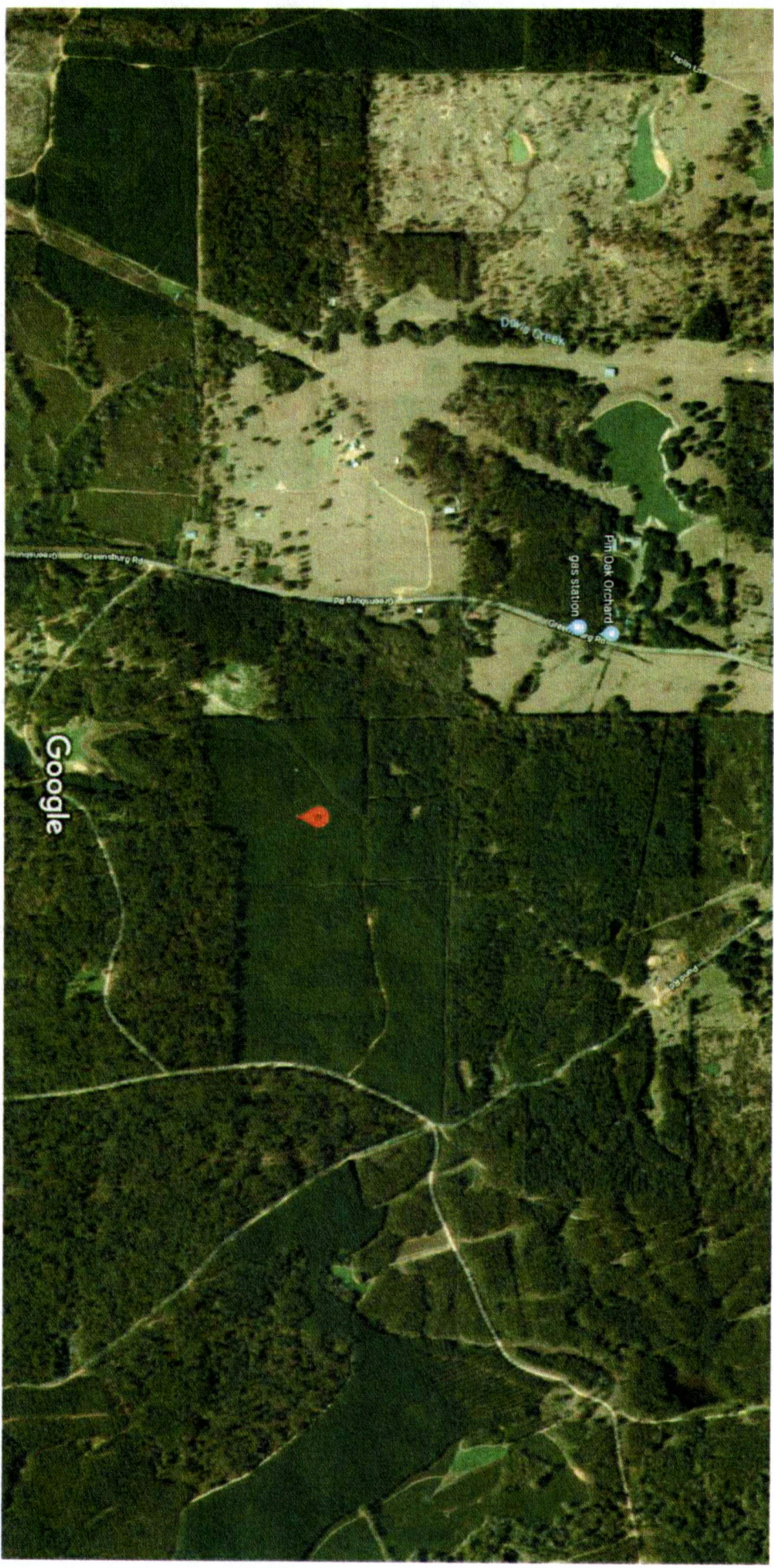
Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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.
John W Thompson 0-679 12-20-18 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps 31°05'05.5"N 90°47'58.2"W



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https://www.google.com/maps/@31.0848714,-90.799502,15z/data=!3m1!1e3!1m5!1s0x0:0x018m213d310848714d-90799502

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31°05'05.5"N 90°47'58.2"W

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