County: Bolivar
Permit #: GW-490310
Driller: Joel Jumper
Date drilling completed: 8-10-15

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)961- 5228 (fax)

For Office Use Only:
Aquifer:
Well #: D204
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: James Pirini
Mailing Address: Po Box 23
Marion (City) Ar (State) 72364 (Zip Code)
Telephone No. (____)

Well or Borehole Location

Latitude: 33°57'30" Longitude: 90°46'51"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE SE ¼ SE ¼ Sec 02 Twn 24N Rng 01W
Distance 1 Miles Direction W of Nearest Town Shelby

Well / Borehole Data

Date drilling started: 8-10-15 Date drilling completed: 8-10-15 Hole depth: 115 Hole diameter: 20in
Location of the source of any surface water used for drilling: Nearest Well
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:
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: 35 feet above or below (circle one) land surface Date measured:
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 0.50 inches Setting depth: From 75 0 feet to 70 115 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***

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

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STATE WELL REPORT

County: Bolivar
Permit #: GW-490316
Driller: Joel Jumper
Date completed: 8-10-15
Copy information from block on Part 1

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 #: D204
Aquifer: _____

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: James Pirini
Mailing Address: Po Box 23
Marion (City) AR (State) 72364 (Zip Code)
Telephone No. (____) _____

Well Location

Latitude: 33-57-36 Longitude: 90-46-51
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ SE ¼, Sec 02 T 24N R 06W
1 (Distance) Miles W (Direction) of Shelby (Nearest Town)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 8-10-15 Rated Pump Capacity: 1,800 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

Electric (Diesel) Gasoline Natural Gas Tractor PTO Windmill Other (*describe*): _____
Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 8-11-15 Duration of Pump Test (*minimum 4 hours*): 8 hours
Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 44 Feet Below Land Surface
Drawdown [(B) - (A)]: ~~479~~ 9 Feet Below Land Surface Test Pumping Rate: 1800 Gallons Per Minute
Method of measurement (*circle one*): Steel tape (Electric tape) Air line Other (*describe*): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded 1800 GPM with a drawdown of 9 feet after 8 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 (*circle 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.

Joel Jumper 5317 (Print Name of Pump Installer and License No. *(if applicable)*) 8-11-15 (Date) _____ (Signature of Pump Installer)

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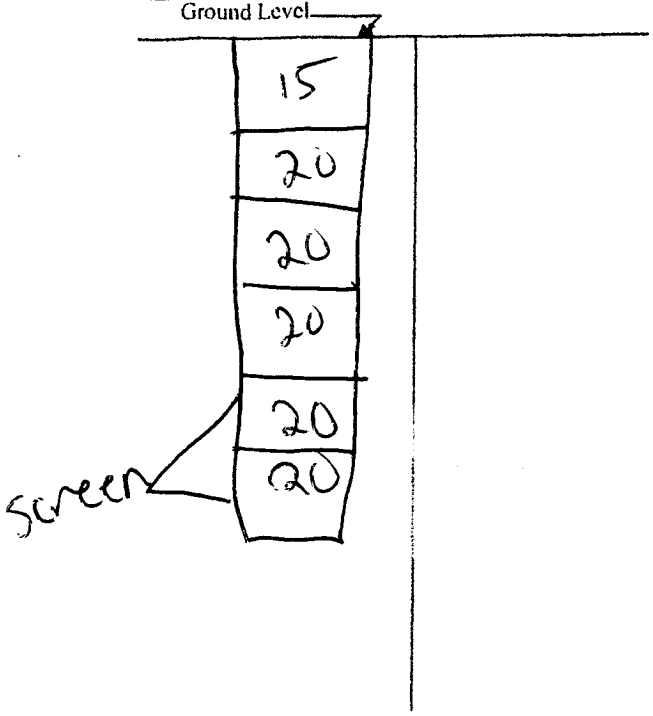
Form: OLWR-SWR-1B (4/13)

D204

The sketch below only required for water wells

If well telescopes, show depths on sketch.

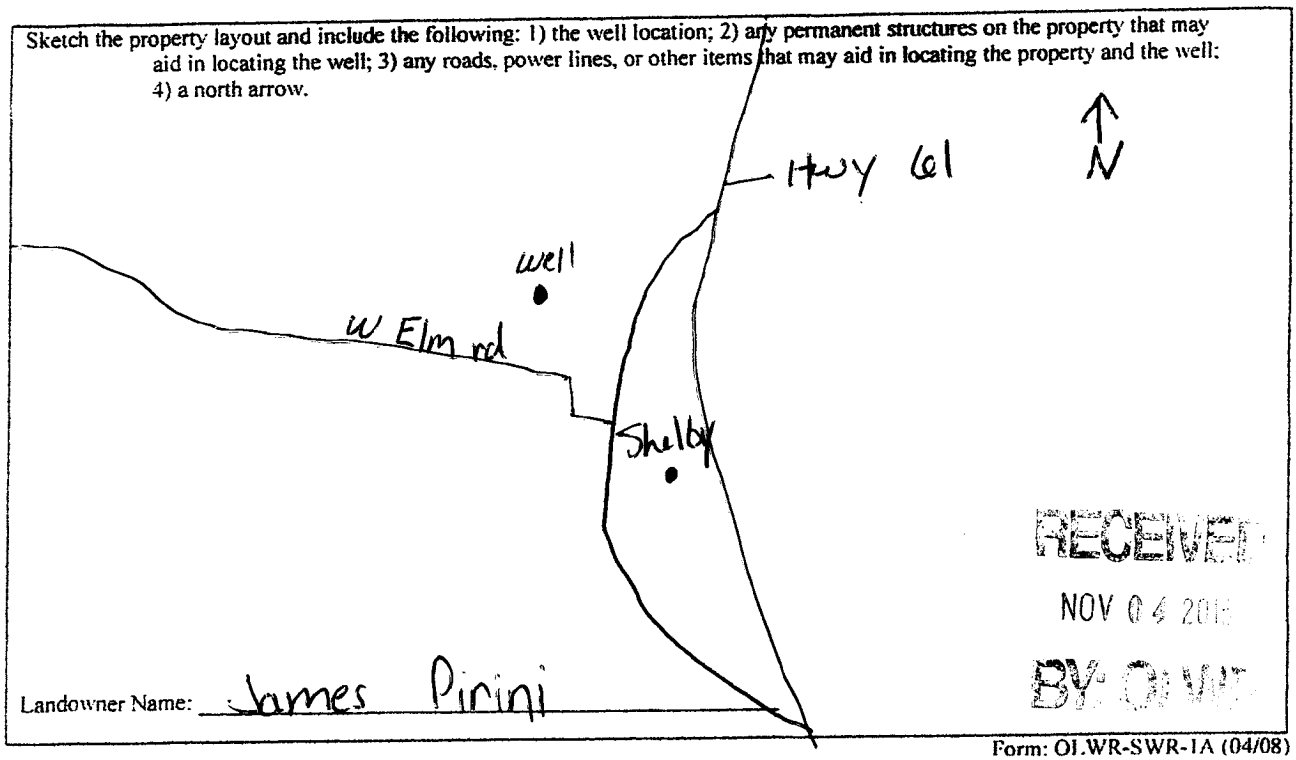


If more than one screen, show location of each on sketch

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)
Top soil	Ground Level	20
sandy	20	40
Sand	40	60
Course sand	60	80
Course sand gravel	80	100
	100	115

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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BY:

Landowner Name: James Pirini

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

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.

Joel Jumper 5317 — 8-11-15 — [signature]

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**