County: BOLIVAR Permit #: 6W-48028 Driller: J. NEWCOME 0.773 Date drilling completed: 3.21.14

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 39225-2309

For Office Use Only: Well #: <u>F277</u> Aquifer: _ E-Log #: _____

(601)961-5210

(601)360-0535 (fax)			
State Law requires that this report be prepared by the Department at the above address within 30 days of cor	license holder responsible for the work and filed with the upletion of drilling of the well or borehole.		
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location Latitude: 33° 52 05 Longitude: 098° 56° 46°		
Owner Name: Ocep Horizon Fains			
Mailing Address: 15 Piedmont Center NE	Method of Lat/Long (check one): Conventional Survey,		
Suite 1250	USGS quad, Hand-held GPS, Survey-grade GPS		
Atlanta GA 30305 City State Zip Code	NE 1/2 SW 1/4, Sec 05 T 23N R 07W		
Telephone No. ()	7 Miles E of ROSEDALE (Distance) (Direction) (Nearest Town)		
Well / R	orehole Data		
Well / Borehole Data Date drilling started: 3.21.14 Date drilling completed: 3.21.14 Hole depth: 120 Hole diameter: 24"			
Location of the source of any surface water used for drilling:			
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS			
Logs run (circle all applicable): Motogrup Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Ifrigation Fish Culture			
Other (describe):			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet [above or below] land surface Date measured:(circle one)			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):			
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix			
Casing length:			
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.			
Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet			
Type of completion (circle all applicable): Gravet 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			

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

County:		For Office Use Only Well #:	
The sketch below only required for water wells	Description of formations enc	ountered must be provided for	all wells
	and boreholes, unless specific	ally exempted by regulations	
If well telescopes, show depths on sketch.	Description of Formations Encour		(depth)
Ground Level	TOP SOIL		20
\	SAND		70
	MEDIUM COASE SAVE		35
	COARSE SAND / PLPSBUS	85 V	20
1 80 E	BOTTOM	120 1	22
110" CASING			
16 CASING			
1,			
<u> </u>			
17.15			
11 40 F			
1114			
16 Seesas			
<u>V</u>			
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 ai 3) any roads, power lines, or other items that may aid in 4) north arrow	id in locating the well I locating the property and the well		
Set	MAR		
Landowner Name:	constructed and completed in	accordance with all applicabl	e
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	imental Quality and the Mississi	ppi Department of Health regu	ulations,
JOHN NEWCOME O.TT3	3.21.14	seu	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	
		Form: OLWR-SWI	K-TA (4/73

STATE WELL REPORT

County: Bolival Driller: J. Newcome 0.7 Date completed: 3.2

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: F 277 Aquifer:

This part of the report must be completed by a licensed water well contractor or a license of the report must be attached and both parts filed with the Department at the above add	ed pump installer. A copy of Part 1 ress within 30 days of well completion.			
	/ell Location			
	Longitude: <u>90.56.46</u>			
Mailing Address: 15 Piedmont Center WE Method of Lat/Long (chec	k one): Conventional Survey,			
. '1	eld GPS_X, Survey-grade GPS			
Atlanta GA 30305 NE 1 5W 11	Sec 05 T 23N R 07W			
City State 7 in Code 1	- A .			
Telephone No. ()	on) of Rosedale (Nearest Town)			
Pump Type (circle one)				
Submersible (urbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 3.22.14 Rated Pump Capacity: 2500 Gallons Per Minute				
is This Pump (circle one): Repaired Replacement				
Power Type (circle one)				
Electric Dieser Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: Setting Depth: 70 feet Number of Stages:				
Pump Test Data for Non Flowing Well				
Date Well Tested: 101 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 (circle one): Steel tape Electric tape Air line Other (descri	ibe):			
Measured shut in head: A feet. Tested Well violed				
Well yielded GPM with a drawdown of feet after	hours of pumping			
Meter Installation				
Meter Manufacturer: Meter Serial Number	r:			
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.	11			

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

Signature of Pump Installer

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