

STATE WELL REPORT

County: Bolivar
 Permit #: EW-47433
 Driller: Richard Foster
 Date drilling completed: 7-8-13

Part I
Driller's Log
 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 #: L 265
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Wild Creek LLC</u>	Latitude: <u>33° 44' 07.18"</u> Longitude: <u>90° 52' 03.13"</u>
Mailing Address: <u>1427 South Main Street</u> <u>Suite 153</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Greenville</u> MS <u>38701</u> City State Zip Code	<u>SW 1/4 NW 1/4, Sec 19 T.22N R.06W</u>
Telephone No. <u>(662) 588-0998</u>	<u>5.9</u> Miles <u>South</u> of <u>Pace</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-8-13 Date drilling completed: 7-8-13 Hole depth: 127' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby ditch

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 (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 irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 41 feet [above or below] land surface Date measured: 7-15-13
(circle one)

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

Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (circle one): Real Cement Bentonite Mix

Casing length: 97 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 97 feet to 127 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: n/a feet

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

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BY: OLWR

STATE WELL REPORT

For Office Use Only
 Date: _____
 Well No: _____
 Section: _____
 Township: _____

Division of Geology
 Department of Environmental Protection
 100 North 17th Street
 Raleigh, NC 27601
 (919) 733-2300

Well Owner Information
 Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

This report was prepared by the well owner or a contractor responsible for the well and is to be filed with the Division of Geology within 90 days of completion of drilling of the well or installation of the well.

Well Owner Information Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Well Location Information Well No: _____ Section: _____ Township: _____ Date of Drilling: _____ Depth: _____ Diameter: _____
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Well Construction Data

Date of Drilling: _____
 Location of Well: _____
 Method of Drilling: _____
 Type of Well: _____
 Purpose of Well: _____
 Depth: _____
 Diameter: _____
 Type of Drilling: _____
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 Purpose of Well: _____
 Depth: _____
 Diameter: _____
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 Type of Well: _____
 Purpose of Well: _____
 Depth: _____
 Diameter: _____

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 #: L265
 Aquifer: _____

County: BOLIVAR
 Permit #: BW-47433
 Driller: Michael Wells
 Date completed: 7-15-13
 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>Wild Creek LLC</u>	Latitude: <u>33°44'07.18"</u>	Longitude: <u>90°52'03.13"</u>	
Mailing Address: <u>1427 South Main Street</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Greenville</u> MS <u>38701</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>19</u> T <u>22N</u> R <u>9E</u> W		
City State Zip Code	<u>3.9</u> Miles <u>South</u> of <u>Pace</u>		
Telephone No. (<u>662</u>) <u>585-0995</u>	(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-15-13 Rated Pump Capacity: _____ 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: 30 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 41 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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 _____ 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 (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.
Charles Miller 0-703 7-12-13 Clayton Miller
 Print Name of Pump Installer and License Nu. (if applicable) Date Signature of Pump Installer

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

STATE WELL REPORT

For Office Use Only

Pump Installation & Completion Report
 Washington Department of Ecology
 Office of Land and Water Resources
 P.O. Box 3400
 Jackson, WA 98502-0340
 (509) 835-3100
 (509) 835-3101
 (509) 835-3102

Well No. 13-13
 Well Name WATER
 Well Location 13-13
 Well Depth 13-13

This report must be completed by the person who installed or repaired the pump. It is a part of the well record and should be filed with the Department of Ecology. The report should be filed with the Department of Ecology within 30 days of the completion of the pump installation or repair.

Well Location	<u>13-13</u>
Well Name	<u>WATER</u>
Well Depth	<u>13-13</u>
Well Type	<u>13-13</u>
Well Status	<u>13-13</u>
Well Construction	<u>13-13</u>
Well Completion Date	<u>13-13</u>
Well Completion By	<u>13-13</u>
Well Completion Address	<u>13-13</u>
Well Completion Phone	<u>13-13</u>
Well Completion License No.	<u>13-13</u>
Well Completion License Expiration Date	<u>13-13</u>

Motor Type	<u>13-13</u>
Motor Rating of Motor	<u>13-13</u>
Motor Horsepower	<u>13-13</u>
Motor Voltage	<u>13-13</u>
Motor Amperage	<u>13-13</u>
Motor RPM	<u>13-13</u>
Motor Manufacturer	<u>13-13</u>
Motor Model	<u>13-13</u>
Motor Serial Number	<u>13-13</u>
Motor Installation Date	<u>13-13</u>
Motor Installation By	<u>13-13</u>
Motor Installation Address	<u>13-13</u>
Motor Installation Phone	<u>13-13</u>
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Well Completion License Expiration Date	<u>13-13</u>
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Well Completion Details	<u>13-13</u>
Well Construction Notes	<u>13-13</u>
Well Completion Notes	<u>13-13</u>

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Well Completion License Expiration Date	<u>13-13</u>

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

 State of Pump Installer
 Date 13-13
 License No. 13-13