County: Bolivar
Permit #: 649-50168
Driller: Jonathan Gordon
Date drilling completed: 10-17-17

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
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: T245
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)

Owner Name: Henry G. Mosco
Mailing Address: 498 Laughlin Rd
Cleveland MS 38732
City State Zip Code
Telephone No. (662) 846-1425

Well or Borehole Location

Latitude: 33° 34' 47" Longitude: 90° 47' 22"
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS Y, Survey-grade GPS ____
NE ¼ SE ¼, Sec 14 T 20N R 06W
(SW / NE)
1.72 Miles South of Shaw
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-17-17 Date drilling completed: 10-17-17 Hole depth: 125' Hole diameter: 26"
Location of the source of any surface water used for drilling: Nearby 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 (*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*)
Static Water Level: 43 feet (above or below) land surface (*circle one*) Date measured: 10-20-17
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*):
Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement Bentonite Mix
Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From ____ feet to ____ feet
Type of completion (*circle all applicable*): Gravel packed Underreamed Open hole Natural Development
Other (*describe*):
Top of tap pipe or reduction in casing: N/A feet

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

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

Replacement Well 49931?

County: Bolivar
Permit #: GW-50168

For Office Use Only:
Well #: T245

The sketch below only required for water wells

If well telescopes, show depths on sketch.

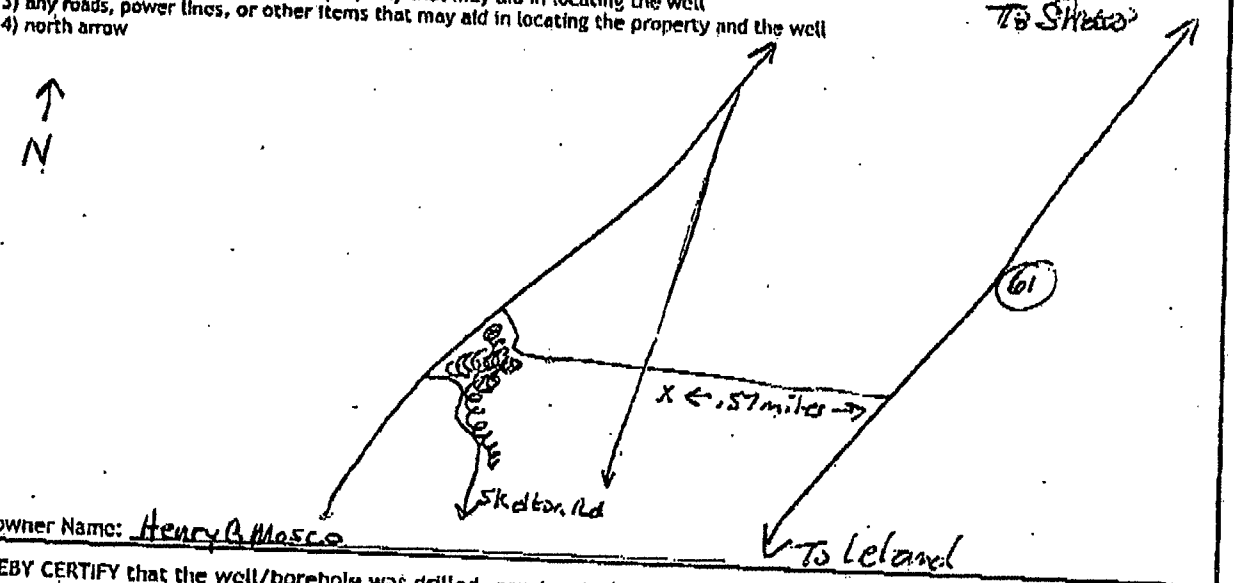
Ground Level

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 & Clay	Ground level	15
Clay	15	25
Fine & Medium Sand	25	35
Medium Sand	35	80
Coarse Sand	80	85
Coarse Sand & Gravel	85	95
Coarse Sand & Gravel	95	105
Coarse Sand	105	115
Coarse Sand & Gravel	115	125

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: Henry Mosco

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.

Peyton Overstreet 00008026 — Print/Name of Responsible Licensee and License No.
10/24/17 — Date
Peyton Overstreet — Signature of Licensee

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

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)

County: Bolivar
Permit #: GW-50168
Driller: Jonathan Gordon
Date completed: 10-20-17
Copy information from block on Part 1

For Office Use Only:
Well #: T245
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: Henry G. Mosco
Mailing Address: 498 Laughlin Rd
Cleveland (City) MS (State) 38732 (Zip Code)
Telephone No. (662) 846-1425

Well Location

Latitude: 33° 34' 47" Longitude: 90° 47' 22"
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS X, Survey-grade GPS ____
NE ¼ SE ¼, Sec 14 T 20N R 06W
SW NE
____ Miles (*Distance*) ____ (*Direction*) of ____ (*Nearest Town*)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): ____
Date Pump Installed: 10-20-17 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: 40 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): 43 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 N/A

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.

Peyton Overstreet 0000 8026 — Print Name of Pump Installer and License No. (*If applicable*)
10/24/17 — Date
Peyton Overstreet — Signature of Pump Installer

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