

STATE WELL REPORT

County: Chickasaw
 Permit #: MS-GW-17351
 Driller: Donald Smith Co., Inc
 Date drilling completed: 6/30/17

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 #: H114
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>JS LLC</u>	Latitude: <u>33.57447^N</u> Longitude: <u>88.44495^W</u>
Mailing Address: <u>PO Box 1485</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Saltillo</u> <u>MS</u> <u>38866</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec. <u>11</u> T <u>13S</u> R <u>5E</u>
Telephone No. () _____	<u>2</u> Miles <u>S</u> of <u>Okolona (Hwy 245)</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/12/17</u> Date drilling completed: <u>6/30/17</u> Hole depth: <u>927'</u> Hole diameter: <u>11 3/4"</u>
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Potable Water used</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>OOG</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>122</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>11/27/17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>876'</u> Well grouted to a depth of: <u>100</u> feet Type of grout (circle one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>657 (10')</u> feet Casing diameter: <u>8" X 10"</u> inches Type of casing: <u>Carbon Steel</u>
Screen length: <u>138 (8')</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>Stainless</u>
Screen slot size: <u>.025</u> inches Setting depth: From <u>796</u> feet to <u>876</u> feet
Type of completion (circle all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>657</u> feet <u>10" - 8"</u>
<i>If telescoped or more than one screen, describe on next page</i>

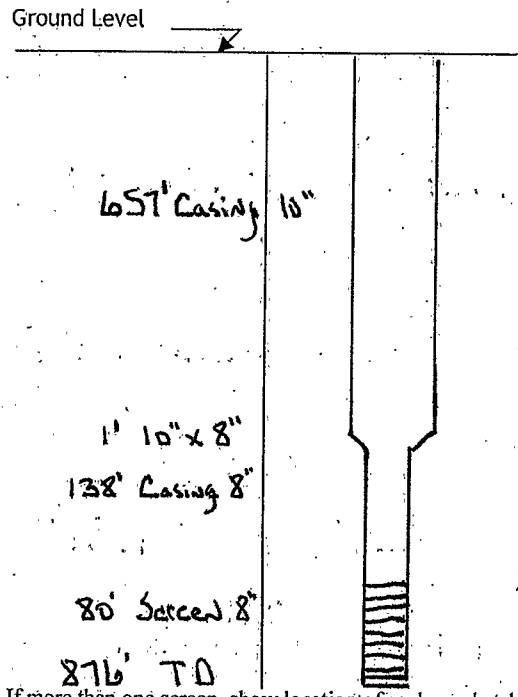
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The sketch below only required for water wells
If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Soil	0	5
Limestone, Gray, Hard Strks	5	60
Limestone, Tough Chappy	60	150
Clay, Med	150	316
Darker Clay, Sandy	316	629
Tough Clay	629	700
Clay, Very Tough	700	704
Clay + Sand, Soft	704	714
Clay, Very Tough	714	735
Clay + Sand, Soft, little Chappy	735	818
Coarse Gravel	818	873
Coarse Gravel, Hard Strks	873	887
Coarse Gravel, Soft, med	887	915
Clay, Pink Firm	915	917
Clay, Pink, Med	917	928

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: JS LLC

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.

Robert Young Jr UNR-5671 11/27/17 Robert Young Jr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Chickasaw
 Permit #: MS-GW-17351
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 Date completed: 11/27/17
Copy information from block on Part 1

For Office Use Only:

Well #: H114
 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	Well Location
Owner Name: <u>JS LLC</u>	Latitude: <u>335744.7^N</u> Longitude: <u>88 44 49.5^W</u>
Mailing Address: <u>Po Box 1485</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo</u> <u>MS</u> <u>38866</u>	_____ 1/4 _____ 1/4, Sec <u>11</u> T <u>13S</u> R <u>5E</u>
City State Zip Code	<u>2</u> Miles <u>S</u> of <u>Okolona (Hwy 245)</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 08/07/17 Rated Pump Capacity: 708 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: 60 Setting Depth: 240 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 11/27/17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 122 Feet Below Land Surface Pumping Water Level (B): 143 Feet Below Land Surface

Drawdown [(B) - (A)]: 21 Feet Below Land Surface Test Pumping Rate: 708 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: N/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: NOV 30 2017

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.

Robert Young Jr. UNR-5671 11/27/17 Robert Young Jr.

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