

Forrest

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: A 192
Well #: A 104
L. S. Elevation: _____
B-log #: _____

County: LAMAR
Permit #: _____
Driller: A-1 DRUG SERV
Date drilling completed: 11/7/11

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>SAFARI PROPERTIES</u> | Latitude: <u>31.22.25.8</u> Longitude: <u>89.26.30.7</u> |
| Mailing Address: <u>1329 GRANTHAM RD.</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>SUMRALL MS. 39482</u> | USGS quad: Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 27 Twn 5N Rng 14W</u> |
| Telephone No. <u>(601) 268-3162</u> | Distance Direction of Nearest Town |
| | <u>5.6 Miles N-NW of Hattiesburg</u> |

Well Data

Purpose of Well (circle one) None Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11-7-11 Date well drilling completed: _____

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 11-16-11

Method of Measurement (circle one) steel tape electric tape air line other: SONIC

Hole depth: 372' Well depth: 365' Well grouted to a depth of 11 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: ³⁴⁵365 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: SLOTTED PVC

Screen slot size: .006 inches Setting depth: From 345 feet to 365 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

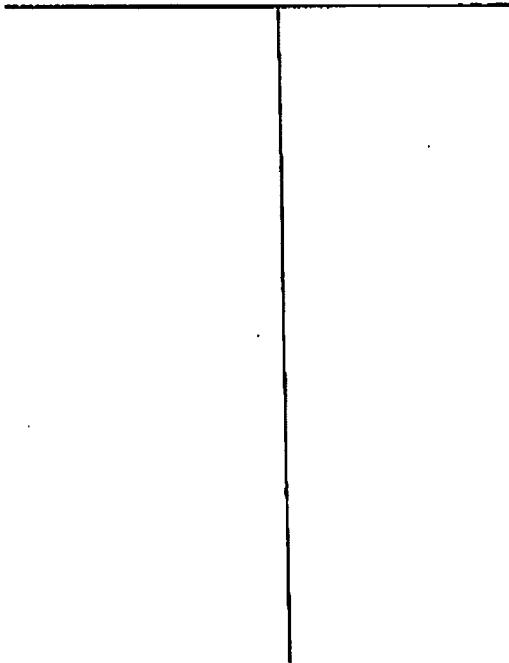
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Mike Baughman 587 Mike Baughman
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

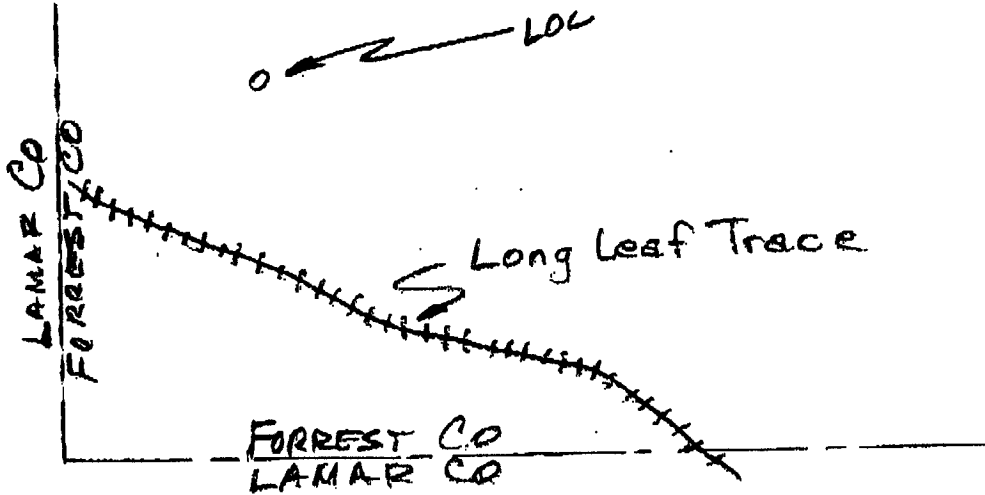
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay, tan | 0 | 34 |
| Clay, gray | 34 | 143 |
| Clay, sandy | 143 | 148 |
| Sand | 148 | 189 |
| Clay, gray | 189 | 224 |
| Clay, w/ sand streaks | 224 | 217 |
| Sand | 217 | 276 |
| Clay | 276 | 377 |
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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) indicate direction.



Landowner Name: SAFARI PROPERTIES (2011-2)

Mehe Rong
Signature of Water Well Contractor

Part 1 filed Nov, 2013

Forrest

STATE WELL REPORT

County: LAMAR
 Permit #: _____
 Driller: A-1 DRUG SERV
 Date completed: 8-12-13
 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 #: A104
 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>SAFARI PROPERTIES</u> | Latitude: <u>31°22'25.3"</u> | Longitude: <u>89°06'30.7"</u> | |
| Mailing Address: <u>1329 GRANTHAM RD</u> | Method of Lat/Long (check one): Conventional Survey _____ | | |
| | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ | | |
| <u>SUMRALL</u> <u>MS</u> <u>39482</u> | <u>SE 1/4 SW 1/4 SW 1/4, Sec 29 35 5N R 14W</u> | | |
| City State Zip Code | <u>±6</u> Miles <u>N-NW</u> of <u>HATTIESBURG</u> | | |
| Telephone No. <u>(601) 268-3162</u> | (Distance) | (Direction) | (Nearest Town) |

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-12-13 Rated Pump Capacity: 55 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: 5 Setting Depth: 180 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 8-12-13 Duration of Pump Test (minimum 4 hours): 1/2 hours
 Static Water Level (A): 120 Feet below Land Surface Pumping Water Level (B): NA Feet Below Land Surface
 Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: 65 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): NA

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.
Michael T. Bauhman 587 9-10-13 Michael T. Bauhman
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer