

1227

Seale et al #1

STATE WELL REPORT

318

County: Franklin
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 10-14-18

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: N29
 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>Petro Hunt L.L.C</u>	Latitude: <u>31°25'52"</u> Longitude: <u>90°56'57"</u>
Mailing Address: <u>PO Box 730</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon MS 39043</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>9</u> T <u>5</u> N R <u>3E</u>
Telephone No. (____) _____	<u>4</u> Miles <u>SW</u> of <u>Meadville</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-12-18 Date drilling completed: 10-14-18 Hole depth: 260 Hole diameter: 8

Location of the source of any surface water used for drilling: Creek

Method of dosing and volume of Chlorine used in drilling and development: add 8 gallons of clorox

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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

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Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): rig supply

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

Static Water Level: 120 feet above or below land surface Date measured: 10-14-18
(check one)

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

Well depth: 250 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 210 feet to 250 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

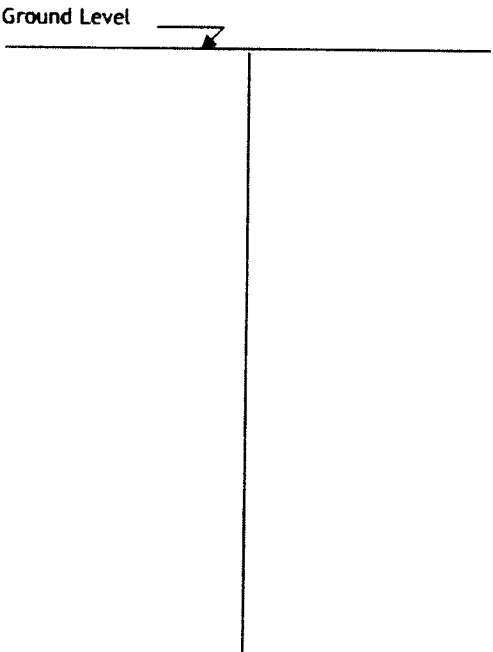
Top of lap pipe or reduction in casing: _____ feet

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

County: _____
Permit #: _____

For Office Use Only:
Well #: N29

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



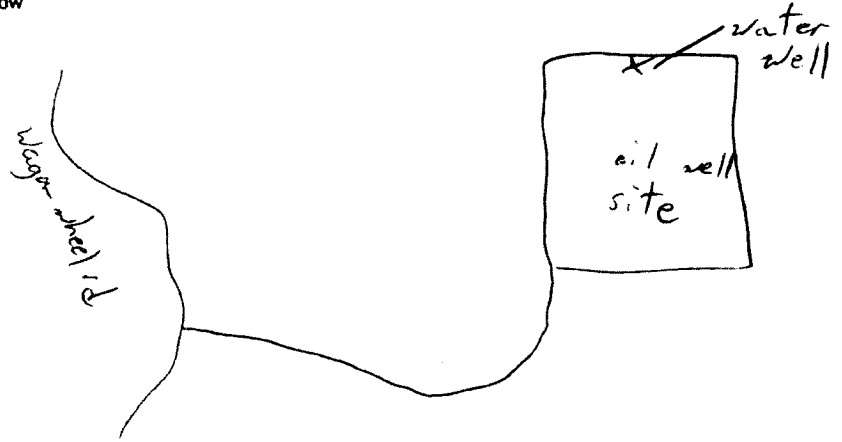
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground level	20
brown clay	20	40
sand + clay	40	140
Clay	140	160
sand + peagravel	160	250
Clay	250	260

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: Petro-Hunt 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.

John W Thompson 0-679
Print Name of Responsible Licensee and License No.

10-26-18
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)

For Office Use Only:

Well #: N29
Aquifer: _____

County: Franklin
Permit #: _____
Driller: John W Thompson
Date completed: 10-14-18
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>Petra Hunt LLC</u>			Latitude: <u>31° 25' 52"</u> Longitude: <u>90° 56' 57"</u>		
Mailing Address: <u>PO Box 730</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Brandon MS 39043</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>SE 1/4 NW 1/4, Sec 9 T 21 N R 3 E</u>		
Telephone No. () _____			<u>4</u> Miles <u>SW</u> of <u>Meadville</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (check one)

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

Date Pump Installed: 10-14-18 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 180 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10-14-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 80 Gallons Per Minute

Method of measurement (check 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 (check 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.

John V Thompson 0-679 10-26-18 John V Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

10/25/2018

31°25'52.6"N 90°56'57.2"W - Google Maps

Google Maps 31°25'52.6"N 90°56'57.2"W

627



31°25'52.6"N 90°56'57.2"W
31.431280, -90.949220

<https://www.google.com/maps/place/31%C2%B025'52.6%22N+-90%C2%B056'57.2%22W/@31.4494453,-90.9616161,14z/data=!4m5!3m4!1s0x0:0x018m213d31.4312814d-90.94922>