

SEE NOTE ON BACK*
Don't know if this is used or not.

STATE WELL REPORT

County: HARRISON
 Permit #: _____
 Driller: M. Scholtz
 Date drilling completed: 9/15/14

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 #: A93
 Aquifer: _____
 E-Log #: _____

Part 2

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: <u>MORNINGD ROLLY</u> Mailing Address: <u>WEST WORTHAM RD</u> <u>SAVIER MS</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>30 38 03</u> Longitude: <u>89 14 32.09</u> <u>30-38-03 89-14-32</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 SE 1/4, Sec 1 T 5S R 13W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data
 Date drilling started: 9/1 Date drilling completed: 9/15 Hole depth: 343' Hole diameter: 5 1/2"
 Location of the source of any surface water used for drilling: _____
 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: 110' feet [above or below] land surface Date measured: 9/15/14
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 323' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 303 feet Casing diameter: 2 inches Type of casing: PUC
 Screen length: 20 feet Screen diameter: 2 inches Type of screen: TDC
 Screen slot size: 006 inches Setting depth: From _____ feet to _____ feet
 Type of completion (circle 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

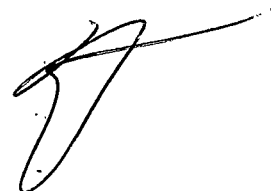
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OCT 17 2016
BY OLWR

NEW WELL WILL NOT PASS

BACTERIA TEST CHLORINATED ON

3 OCCASIONS. CANNOT LOCATE OLD

WELL, POSSIBLE SOURCE OF CONTAMINATION-

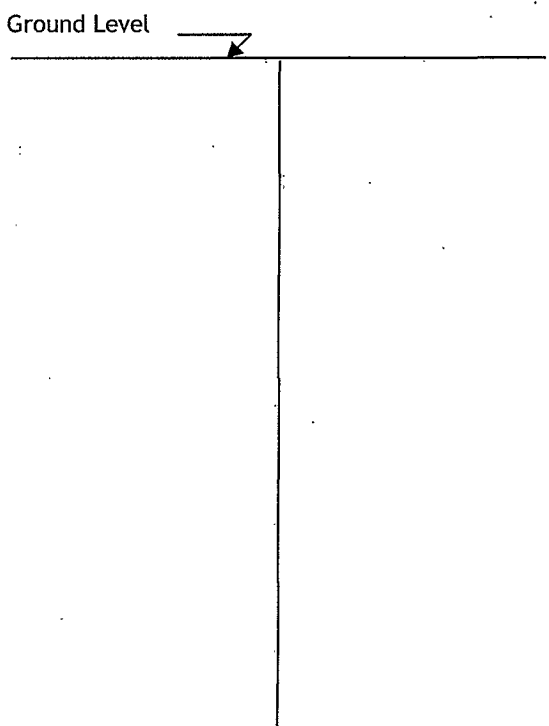


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The sketch below only required for water wells

If well telescopes, show depths on sketch.



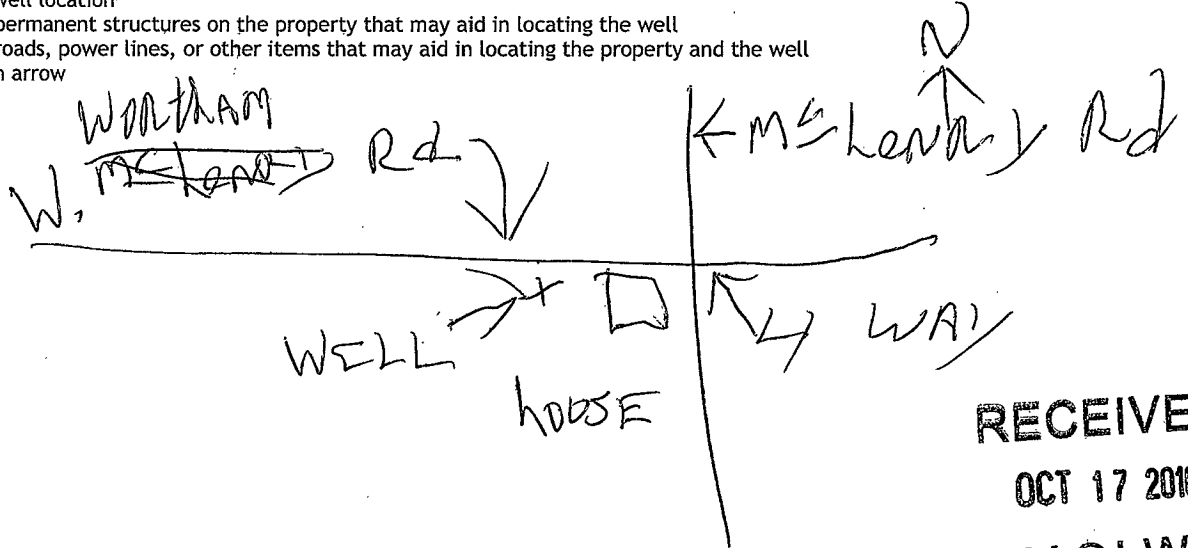
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	127
SAND	127	128
CLAY	128	290
STON	291	343

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



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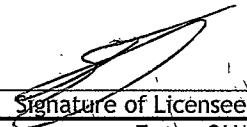
Landowner Name: MOZINGO REALTY

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.

MIKE SCHWAB 0-571 12/11/16

Print Name of Responsible Licensee and License No.

Date



Signature of Licensee