

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 #: A95
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump Well
Date drilling completed: 12-28-16

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>Richard Bruchi</u>	Latitude: <u>30° 34' 13.84" N</u> Longitude: <u>89° 17' 19.5" W</u>
Mailing Address: <u>19847 Red oak Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sauvier</u> MS <u>39574</u>	<u>SW 1/4 NW 1/4, Sec 28-3A T5S R13W</u>
City State Zip Code	<u>3.9</u> Miles <u>west</u> of <u>Lizana</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(504) 669-4889</u>	

Well / Borehole Data
Date drilling started: <u>12-27-16</u> Date drilling completed: <u>12-28-16</u> Hole depth: <u>340</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input 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>N/A</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 <input type="checkbox"/> 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): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>120</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>12-30-16</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>340</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>320</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>320</u> feet to <u>340</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>220</u> feet

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

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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by proper documentation and that the books should be kept up-to-date at all times. The author notes that this practice is essential for the proper management of the business and for the protection of the interests of all parties involved.

In the second section, the author provides a detailed explanation of the various methods used to calculate the cost of goods sold. This includes a breakdown of the different components that make up the total cost, such as the purchase price of the goods, the cost of transportation, and the cost of storage. The author also discusses the importance of using the correct method of calculation to ensure that the cost of goods sold is accurately determined.

The third part of the document deals with the issue of depreciation. The author explains that depreciation is a way of spreading the cost of a long-lived asset over its useful life. This is done by calculating the amount of the asset's value that is lost each year. The author provides a detailed explanation of the different methods used to calculate depreciation, including the straight-line method and the declining balance method.

Finally, the author discusses the importance of conducting a regular audit of the books. This involves checking the accuracy of the entries and the completeness of the records. The author notes that an audit is a necessary part of the accounting process and that it helps to ensure that the financial statements are reliable and accurate.

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 #: A95
Aquifer: _____

County: Harrison
Permit #: 0239
Driller: McGill Pump & Well
Date completed: 12-28-16
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>Richard Bruchi</u>	Latitude: <u>30° 34' 13.84" N</u> Longitude: <u>89° 17' 19.5" W</u>
Mailing Address: <u>19847 Red Oak Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Saucier</u> State: <u>MS</u> Zip Code: <u>39574</u>	<u>SW 1/4 NW 1/4, Sec. 08 34 T. 55 R. 13 W</u>
Telephone No. <u>(504) 669-4889</u>	<u>3.9</u> Miles <u>west</u> of <u>Lizang</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-30-16 Rated Pump Capacity: 25 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: 1 1/2 Setting Depth: 160 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 12-28-16 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)]: 0 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute

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

Pump Test Data for Flowing Well NA

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation NA

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 McGill 0239 1/19/17 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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BY OLWR

County: Harrison

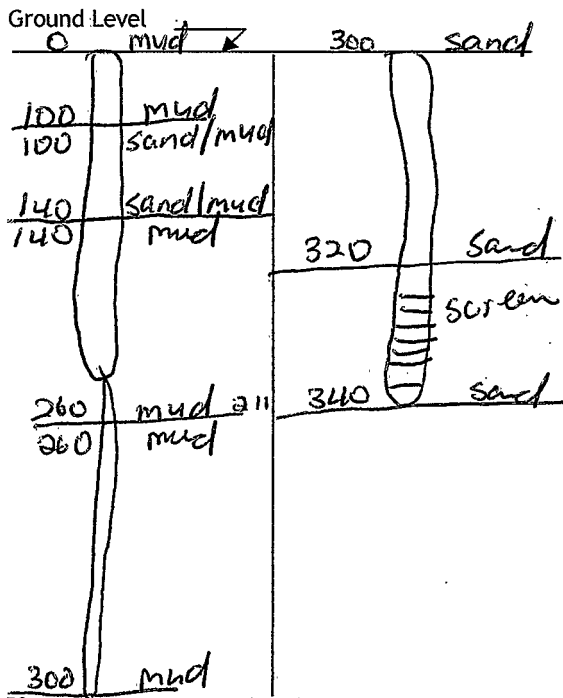
Permit #: 0239

For Office Use Only:

Well #: A95

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)
	Ground level	
mud	0	100
Sand/mud	100	140
mud	140	260
Sand/mud	260	280
mud	280	300
Sand	300	340

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

See Back page

Landowner Name: Richard Brachi

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.

Print Name of Responsible Licensee and License No. Michael Michael 840239

Date 1/12/17

Signature of Licensee

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

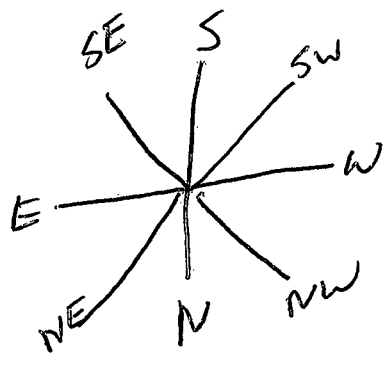
BY OLWR

Trailer
Trailer

A95

power pole

horse



tree
tree
X well

Gravel Drive Way

19847

Red OAK Rd

mobile Home

Rd 425

Red Oak

Rd

Hwy 53

Herman
Ladner
Rd

Cemetery Rd

Birdie
Rd

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