STATE WELL REPORT

Part 1

County: Permit #:

Driller: Gar

Date drilling completed: 11

Well Owner Information (Landowner if borehole is not for a water well)

Driller's LogMississippi 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)

	Office Use Only:	ı
Well #:	J124	
Aquifer:		
E-Log #:	.	

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 32°18'18"N Longitude: 90°40'6" W			
Owner Name: Chris Haggard	•			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
6475 Smith Station Rd.	USGS quad, Hand-held GPS, Survey-grade GPS			
Edwards MS 39066	NW 1/4 SW 1/4, Sec / T 15N R5W			
City State Zip Code	6 Miles SW of Edwards :			
Telephone No. (<u>601)</u> 831-3941	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: $(14/17)$ Date drilling completed:	(1/14/17 Hole depth: 60 Hole diameter: 41)			
Location of the source of any surface water used for drillir	ng:			
Method of dosing and volume of Chlorine used in drilling a	nd development:			
Logs run (check all applicable): Klog run Electric Camr	na Ray Density Sonic Neutron Other: RYOLWR			
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 co	onstruction, skip the remainder of this block			
Purpose of Well (check all applicable): Home Industria	l Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 25 feet Labove or belo	ow] land surface Date measured: 11/14/17			
Method of measurement (check one) Steel tape Electric	tape Air line Other (describe):			
Well depth: 60 Well grouted to a depth of: feet Type of grout (check one) Neat Cement Bentonite Mix				
Casing length: 40 feet Casing diameter: 4 inches Type of casing: 4VC Screen length: 20 feet Screen diameter: 4 inches Type of screen: 4VC				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: 4VC				
	From 40 feet to 60 feet			
Type of completion (check all applicable) ravel packed	UnderreamedOpen holeNatural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page				

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

The sketch below only required for water wells Description of formations encountered must be provided for all we and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch.	County: Hind	S			· · · · · ·	For	Office Use	Only:
If well telescopes, show depths on sketch. Ground Level Description of Formations Encountered From (depth) To (depth Cary Ground Level 20 Gro				in the property of the second		<u> </u>		
If more than one screen, show location of each on sketch Search 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 I - 20 Bolina Cla Hurro Reddy Cerrify' that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Health regulations applicable, and stare laws. Print Name or Responsible Lifensee and License No. Date Signature of Licensee	The sketch below only re	equired for wate	<u>r wells</u>	Description o	f formations er	icountered i	nust be provide	<u>d for all wells</u>
From depth To (depth 20 Ground Level 20 Ground	If well telescopes, show a	depths on sketch.	∵	W		3	nea by regulation	<u>nus</u>
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Andowner Name: Chris Haggard HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations f applicable, and state laws. Rayborn Drilling Inc. 0-60 11/15/17 Print Name of Responsible Licensee and License No. Date Signature of Licensee				old Huisa			•	
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	HEREBY CERTIFY that the	e well/borehole v sippi Departmen	was drilled, c t of Environm	onstructed, and ental Quality a	d completed in nd the Mississi	accordance ppi Departn	e with all appli nent of Health	cable regulations,
	Rayborn Drilli Print Name of Responsible	AG INC. C Licensee and Li	0-60 <u> </u>	1/15/17 Date	7	Signature	N-33	.

STATE WELL REPORT

Part 2

County: __ Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Permit #: Driller: Gary

For Of	fice Use Only:	
Well #:	J124	
Aquifer:	<u>a antonas en 1885</u> a	

	son, MS 39225-2309			
	(601)961-5210 1) 360-0535 (fax)			
This part of the report must be completed by a licensed water	er well contractor or a licensed pump installer. A copy of Part I Department at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Chris Haggard	Latitude: 32°18′18″N Longitude: 90°40′6″ W			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
6475 Smith Station Rd.	USGS quad, Hand-held GPS, Survey-grade GPS			
Edwards MS 39066 City State Zip Code	NW 1/4 SW 1/4, Sec (T 15N R 5W)			
Telephone No. (601) 831 - 3941	(Distance) Miles SW of Edwards (Nearest Town)			
	ype (check <i>one</i>) RECLIVELY			
Submorphia Turbing Tair Lift Tentrifugal Telowing Well	□ Jet □ Piston □ Rotary □ Other (describe): 100 27 2017			
Date Pump Installed: 1/14/17	Rated Pump Capacity: () Gallons Per Minute			
Is This Pump (check one): New Repaired Replacement				
Power T	ype (check one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wi	indmill Other (describe):			
Horse Power Rating of Motor: Setting Dep	oth: 50 feet Number of Stages: 12			
Pump Test Data	a for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (check one): Steel tape Delectric tape Air line Other (describe):				
·	ata for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet_afterhours of pumping			
Meter	Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF \times .001, $g_{\overline{x}}$	al x 1000, etc):			
Installation Date: Meter installed by:				
Is This Meter (check one): New Bepaired Replacem	nent			
Important: By submitting the above information you are a For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are true to t	he best of my knowledge.			
Rayborn Drilling Inc. 0-60 Print Name of Pump Installer and License No. (if applicable	11/15/17			
Print Name of Pump Installer and License No. (if applicable	e) Date Signature of Pump In Caller Form: OLAR-SWR-2A (4/13)			
	OF PART AND COMPANY AND COMPAN			