| State W | ell Report |
|--|--|
| County: Jackson Part 1 - I | Priller's Log |
| Mississinni Denartmen | t of Environmental Quality Aquifer: |
| Permit #: 6 - 180 Office of Land at | nd Water Resources |
| | 50X 2500 |
| 1 | , MS 39225 L. S. Elevation: |
| | 961- 5210 I- 5228 (fax) |
| (001)90 | E-log#: |
| State Law requires that this report be prepared by the lice | ense holder responsible for the work and filed with the |
| Department at the above address within 30 days of comp | letion of drilling of the well or borehole. |
| Information on Well Owner | Well or Borehole Location |
| (Landowner if borehole is not for a water well) | Latitude: 30 ° 39 '816" Longitude: 88 ° 33 ' 288" |
| Owner Name Levi Scarlsongh | Latitude: 30 1 100 Longitude: 30 100 A |
| Owner Name C LOCAL CONTROL OF THE CO | /8 / 23. 4/515.6 52.8 / 9.4/172.8 Method of Law Long (circle one): Conventional Survey, |
| Mailing Address: 146 Elmes Hamilton | Wethod of Lab Long (effect one). Conventional Starvey, |
| Maining / Numeros. | USGS quad Hand-held GPS, Survey-grade GPS |
| 11 1 20719 | SW 1/4 DN 1/4 Sec 25 Twn 45 Rng 6 W |
| Here NO 39362 City State Zip Code | SE 26 Distance Direction Nearest Town |
| City State Zip Code | Distance Direction Nearest Town Miles Market of Washer 1989 |
| Telephone No. (228) 990 - 260 4 | 4 Miles / BUTTO of LABOR, NO |
| Telephone No. (228) 910 860 f | |
| Well / Bore | _ |
| Date drilling started: $6-4-12$ Date drilling completed: $6-4-12$ | 1 |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve | opment: 2000 water top wellow |
| Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s): | Density Sonic Neutron Other: |
| Purpose of borehole (check one): Water Well Geotechnical/Geol | ogical Investigation Ground Source Heat Pump |
| Seismic SurveyOther (describe |) |
| If drilling is not related to water well construction | n, skip the remainder of this block |
| Purpose of Well (check one): HomeIndustrial Public Supply | Irrigation Fish Culture Other: |
| If a flowing well, method of flow regulation: Valve C | |
| Static Water Level:feet above or below (circle one) | land surface Date measured: 6-4-12 |
| Method of Measurement (circle one) steel tape electric tape | air line other: |
| Well depth: 40 Well grouted to a depth of 10 feet Type | e of grout (circle one): Neat Cement Bentonite Mix |
| Casing length: 35 feet Casing diameter: 2 | inches Type of casing: Plastic |
| Screen length: | inches Type of screen: Plastic |
| Screen slot size: 10 inches Setting depth: From | O feet to 40 feet |
| Type of completion (circle all applicable): Oravel packed Unde | rreamed Telescoped Open hole Natural Development |
| Other (describe): | |

Top of lap pipe or reduction in casing: _

Form: OLWR-SWRECENED

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

JUL 6 3 2012

| The | sketch | helow | only | required | for | water | wells |
|-------|---------|--------|-------|----------|------|----------|----------|
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If well telescopes, show depths on sketch.
Ground Level.

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 | |
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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 permanen aid in locating the well; 3) any roads, power lines, or other items that may aid | t structures on the property that may in locating the property and the well; |
|--|--|
| 4) a north arrow. | . 4/ |
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| | vall had |
| Landowner Name: Lew Granhongh | 1 / 400 / |
| Landowner Name. | Form: OLWR-SWR-1A (04/08 |

| I certify that the well/borehole was drilled, constructed, Mississippi Department of Environmental Quality and | , and completed in ac the Mississippi Depa | Compliant | 1 3 -4-4- |
|---|---|-----------------------|--------------|
| . ^ | 6-4-12 | / \ | RECEIVED |
| Print Name of Responsible Licensee and License No. | Date | Signature of Licensee | JUL 6 3 2012 |

| 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 (601)961-5210 (601)961-5228 (fax) Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, Ms 39225 (601)961-5228 (fax) Pump Installer A copy of Part 1 of the Pump Installer A copy of Part 1 of Pump Installer A copy of Part 1 of the Pump Installer A copy of Part 1 of Pum | | TATE WELL REPORT | For Office Use Only |
|--|---|---|---|
| Primp Installer's Completion Report Mississipil Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 392225 (601)961-5228 (fau) (601)961-5228 (fau) Mist parm of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the opport must be attached and both parts filed with the Department of the above address within 30 days of well completion. Well Owner Information Well Location Latitude: 3-31-878 Longitude: 28-33-268 Method of Lat/Long (check one): Conventional Survey USGS quad Hand-beld GPS Survey-grade GPS | 1 1 | | For Office Use Only: |
| Mississispi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, Ms 39225 (601)961-5210 | | | 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 catached and both parts filed with the Department at the above address within 30 days of well competion. Well Owner Information Well Owner Inform | Permit #: Missi | issippi Department of Environmental Quality | |
| Jackson, MS 30225 (601)961-5210 (601)961-521 | Driller: J-Puul | | Well #: <u>C149</u> |
| Converting Con | • | | Elevation |
| 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 Owner Information Well Location Well Location Well Location Latitude: 20-31-816 Longitude: 28-33-268 Method of Lat/Long (check one): Conventional Survey | Date completed: W-7-12 | (601)961-5210 | Lievation. |
| report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information where Name: | Copy information from block on Part 1 | (601)961-5228 (fax) | |
| Well Location Well Location Well Location Well Location Well Location Well Location Latitude: 30-38-876 Longitude: 38-33-388 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS_L, Survey-grade GPS State Zip Code Submersible Lightone No. (228) 990-2604 Pump Type Circle one Circle one Circle one Circle one Submersible Diesel Engine Diesel Engine Gasoline Engine Natural Gas Natural Gas Natural Gas Natural Gas Natural Gas Hand-held GPS_L, Survey-grade GPS State Zip Code Neargest Town Natural Gas Natural Gas Natural Gas Windmill Other (specify): Harber Power Rating of Motor: Setting Depth: 30 Let Lind feet Number of Stages: Pump Test Data ata: Water Level (A): 3 Feet Below Land Surface samping Water Level (B): 30 Feet Below Land Surface tare Well Tested: 6-4-[2] State Well Tested: 6-4-[2] State Well Tested: 6-4-[2] This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump REC | This part of the report must be completed by a lice | ensed water well contractor or a licensed pump the Department at the above address within 30 | installer. A copy of Part 1 of the days of well completion. |
| Method of Lav/Long (check one): Conventional Survey | | W | ell Location |
| Method of Lav/Long (check one): Conventional Survey | Lawi Scarlos | Latitude: 30-39-876 | Langitude: 88 - 33 - 288 |
| USGS quad | Uwner Name: euc Ceut)600 | | |
| Substance Subs | Mailing Address: 146 Elker Kon | | |
| Pump Type Circle one Submersible Diesel Engine Natural Gas Diesel Engine Natural Gas Diesel Engine Diesel Engine Diesel Engine Diesel Engine Diesel Engine Natural Gas Diesel Engine Diesel Engine Diesel Engine Natural Gas Diesel Engine Diesel Engine Diesel Engine Diesel Engine Natural Gas Diesel Engine Diesel Engine Diesel Engine Diesel Engine Natural Gas Diesel Engine Diesel En | | USGS quad, Hand-hel | d GPS, Survey-grade GPS |
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| Circle one Casoline Engine Submersible Diesel Engine Gasoline Engine Natural Gas Circle one Gasoline Engine Natural Gas Diesel Engine Gasoline Engine Natural Gas Diesel Engine Gasoline Engine Natural Gas Electric Moitr Hand Tractor PTO Windmill Other (specify): | | | |
| Submersible Diesel Engine Gasoline Engine Natural Gas Diesel Engine Diesel Production Diesel Engine Diesel Diesel Product Diesel | Pump Type | | |
| acket Piston Turbine Heretric Motor Hand Tractor PTO Purp Test Data Circle one | Circle one | | |
| ther (specify): Horse Power Rating of Motor: Setting Depth: | Air Lift (Jet) Submo | ersible Diesel Engine Gasol | une Engine Natural Gas |
| ther (specify): | Bucket Piston Turbin | ne Efectric Motor Hand | Tractor PTO |
| ther (specify): ate Pump Installed: b - 4-12 Setting Depth: Setting Depth: | Centrifugal Rotary Flowi | ing Well Windmill Othe | r (specify): |
| Setting Depth: 30 Let Lind feet Number of Stages: 2 Number of Stages: 2 | • | II D D C. C. | · / |
| Atted Pump Capacity: | | Horse Power Rating of Moto | Jr |
| Atted Pump Capacity: | Date Pump Installed: 6-4-12 | Setting Depth: | let line feet |
| Atte Well Tested: 6 - 4 - 12 Atte Well Tested: Circle one Electric Measuring Line Steel Tape Other (specify): | | | _ |
| Circle one atic Water Level (A): | Rated Pump Capacity: 10 Gallon | s rei winder of stages. | |
| Circle one atic Water Level (A): | Duran Test Date | Method of N | legguring Water I evel |
| This is for (circle one): New Well Replacement of Existing Pump Repair REC REC In Line Steel Tape Other (specify): For flowing well, measured shut in head: For flowing well, measured shut in head: Steel Tape Other (specify): Feet Below Land Surface For flowing well, measured shut in head: Feet after Steel Tape Other (specify): Feet Below Land Surface For flowing well, measured shut in head: Feet after Steel Tape Other (specify): Feet Below Land Surface For flowing well, measured shut in head: Feet after For flowing well, measured shut in head: Feet after Steel Tape Other (specify): Feet Below Land Surface For flowing well, measured shut in head: Feet after Feet Below Land Surface For flowing well, measured shut in head: Feet after Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: Feet Below La | | | |
| Imping Water Level (B): | | Air Line Electric Mo | |
| Imping Water Level (B): | Static Water Level (A):Feet Below | | |
| rawdown [(B) – (A)]: Z Feet Below Land Surface est Pumping Rate: 10 | Pumping Water Level (B): 30 Feet Below I | | |
| This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump | | Land Surface For flowing well, measured | shut in head:feet |
| This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. O - 28() | | | GPM with a drawdown of |
| This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. REC | | | |
| HEREBY CERTIFY that the above statements are true to the best of my knowledge. REC | Duration of Pump Test (minimum 4 hours): | o hours teet after | nours of pumping |
| HEREBY CERTIFY that the above statements are true to the best of my knowledge. REC | | | |
| HEREBY CERTIFY that the above statements are true to the best of my knowledge. REC | This is for (sirels and): Now Well D | enlacement of Existing Pumn Renair of | Existing Pump |
| 10.0 frank 0-780 (bel 4104) | This is for (circle one): New Well Ro | charcine or revisiting a much rechain or | Daving I mile |
| 10.0 frank 0-780 (bel 4104) | | | |
| 10.0 frank 0-780 (bel 4104) | I HEDEDY CEDITIES that the above statements or | e true to the best of my knowledge | |
| int Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer | 10// | | HEUE |
| rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer | CHECK TOPE | | well "" |
| F0rm: () I/VR-SWR-1C /0/- | Print Name of Pump Installer and License No. (if a | pplicable) Signature of Pump | Form: OI WR-SWR-1C (07-09 |
| | | | BY: C |