

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 #: F548
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: 0-780
Driller: J. P. [unclear]
Date drilling completed: 11-16-17

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>Mark White</u> | Latitude: <u>30-64-10</u> Longitude: <u>88-68-37</u> |
| Mailing Address: <u>20706 Bushy Rd</u> | <u>30-38-28</u> <u>88-41-01</u> Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Venuelean MS 39562</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City: _____ State: _____ Zip Code: _____ | <u>NE SE 1/4 NE 1/4, Sec 4 T 55 R 7W</u> |
| Telephone No. <u>(228) 217-9812</u> | <u>8</u> Miles <u>north west</u> of <u>Van</u> (Distance) (Direction) (Nearest Town) |

| Well / Borehole Data |
|--|
| Date drilling started: <u>11-16-17</u> Date drilling completed: <u>11-16-17</u> Hole depth: <u>120</u> Hole diameter: <u>2</u> |
| Location of the source of any surface water used for drilling: <u>Aquifer, MS</u> |
| Method of dosing and volume of Chlorine used in drilling and development: <u>2000 water 5gal bleach</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): _____ |
| 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) _____ |
| Static Water Level: <u>3</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>11-17-17</u> <small>(circle one)</small> |
| Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ |
| Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix |
| Casing length: <u>110</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Plastic</u> |
| Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Plastic</u> |
| Screen slot size: <u>10</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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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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 #: F548
 Aquifer: _____

County: Jackson
 Permit #: 0-780
 Driller: J-Piero
 Date completed: 11-16-17
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.

| | |
|--|---|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Mark Weikley</u> Mailing Address: <u>20706 Puskey Rd</u> <u>Vanderleau MS 39562</u> City State Zip Code Telephone No. <u>228 217-9812</u></p> | <p style="text-align: center;">Well Location <u>88-41-01</u></p> <p>Latitude: <u>30-64-10</u> Longitude: <u>88-68-37</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NESE 1/4 NE 1/4, Sec 4 T 55 R 7W</u> <u>8</u> Miles <u>NE</u> of <u>Vanderleau, MS</u> (Distance) (Direction) (Nearest Town)</p> |
|--|---|

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-16-17 Rated Pump Capacity: 10 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 Setting Depth: 40 ft feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 11-16-17 Duration of Pump Test (minimum 4 hours): 48 hours
 Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
 Well yielded 10 GPM with a drawdown of 2 feet after 48 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 (circle one): New Repaired Replacement

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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.

Joel Piero 0-780 11-16-17 Joel Piero
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

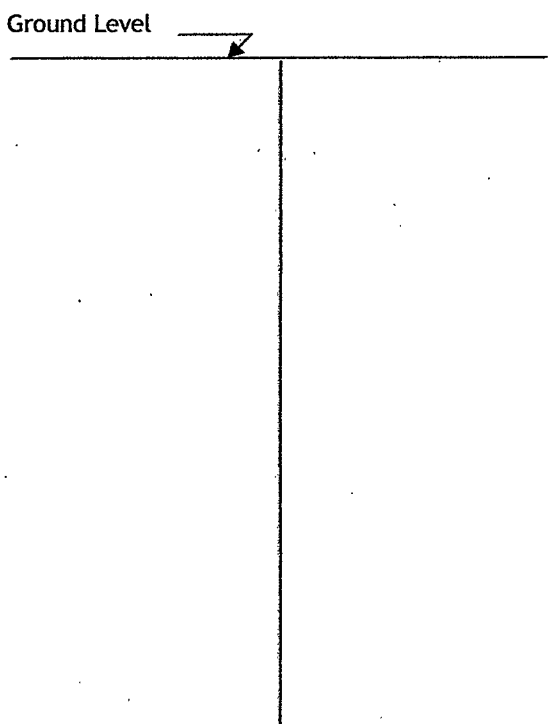
County: Jackson
Permit #: 0-780

For Office Use Only:
Well #: F548

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

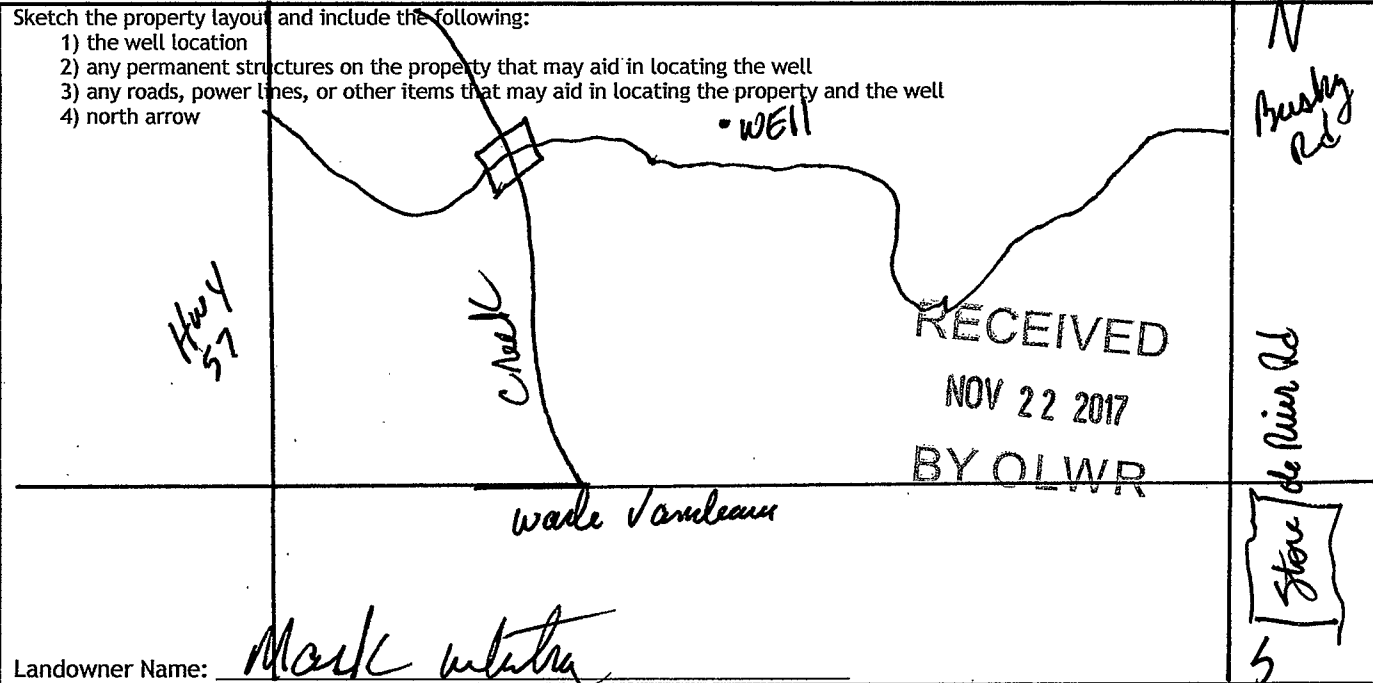


| Description of Formations Encountered | From (depth) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Red sand | 0 | 20 |
| Clay | 20 | 40 |
| sand | 40 | 120 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any 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: Mark McIntyre

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.

Joel Pierre 0-780 11-16-17 Joel Pierre
Print Name of Responsible Licensee and License No. Date Signature of Licensee