County: Jackson
Permit #:
Driller: Coast Water Wells Svc.
Date drilling completed: 6-22-15

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 #: K743
Aquifer:
E-Log #:

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: Carla Waltman
Mailing Address: Kenneth Cole Road
Vancleave, Ms 39565
City State Zip Code
Telephone No. 228 334-2540

Well or Borehole Location
Latitude: 30°31'55.44" Longitude: 088°40'27.78"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS__✓__, Survey-grade GPS____
SE ¼ SW ¼, Sec 10 T 6S R 7W
1 Miles ENE of Vancleave
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6-22-15 Date drilling completed: 6-22-15 Hole depth: 120 FT Hole diameter: 2"
Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: 1gal Per 1000 Drilling 2gal in well
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: 50 feet [above or (below)] land surface (*circle one*) Date measured: 6-22-15
Method of measurement (*circle one*): Steel tape Electric tape (Air line) Other (*describe*):
Well depth: 120 FT Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix
Casing length: 110 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 110 feet to 120 feet
Type of completion (*circle all applicable*): Gravel packed Underreamed Open hole (Natural Development)
Other (*describe*):
Top of lap pipe or reduction in casing: N/A feet
If telescoped or more than one screen, describe on next page

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BY: OLWR

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

County: JACKSON

Permit #: _____

For Office Use Only:

Well #: K743

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

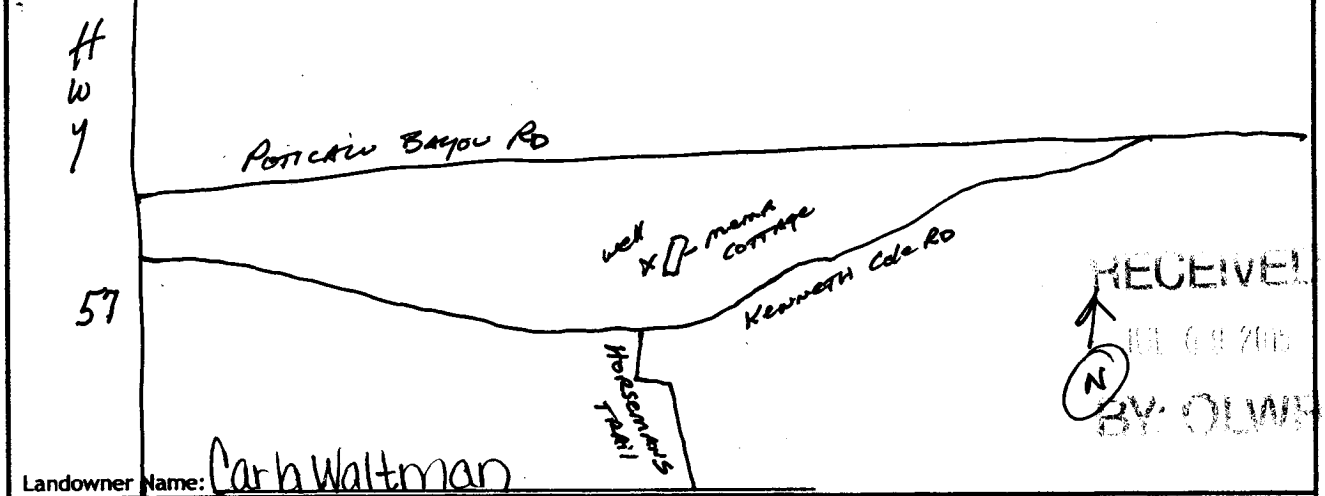
If more than one screen, show location of each on sketch

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*)
TopSoil	Ground level	2
Orange Clay	2	15
Brown Coarse Sand	15	35
Orange AND Blue Clay	35	85
Brown Coarse Sand	85	120

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: Carla Waltman

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.

Jack Ridgdell 0-492 — Print Name of Responsible Licensee and License No.

6-23-15 — Date

Signature of Licensee

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

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)

County: Jackson
Permit #:
Driller: Coast Water Well Svc
Date completed: 6-22-15
Copy information from block on Part 1

For Office Use Only:
Well #: K 743
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 attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Carla Waltman
Mailing Address: Kenneth Cole Road
Vancleave, MS 39565
City State Zip Code
Telephone No. (228) 334-2540

Well Location

Latitude: 30° 31' 55.44" Longitude: 088° 40' 27.78"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ SW ¼, Sec 10 T 6S R 7W
1 Miles (*Distance*) ENE (*Direction*) of Vancleave (*Nearest Town*)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (*describe*):
Date Pump Installed: 7-29-15 Rated Pump Capacity: 8 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 HP Setting Depth: 60 FT feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 7-29-15 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 8 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. N/A
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: N/A 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.

Jack Ridgdell 0-472 — Print Name of Pump Installer and License No. (*if applicable*)
8/6/15 — Date
Jack Ridgdell — Signature of Pump Installer

AUG 2015

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