| county: JACKSON |
|-------------------------------|
| Permit #: |
| Driller CORTWATER Wellsvc. |
| Date drilling completed: 9308 |

Well Owner Information

STATE WELL REPORT

Part 1

Driller's LogMississippi 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)

| 62 | | | | |
|----------------------|--|--|--|--|
| For Office Use Only: | | | | |
| Well #: <u>K795</u> | | | | |
| 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: 20'33' 32.55' Longitude: 088° 43' 26.10" | | | | |
|---|--|--|--|--|--|
| Owner Name: Mohne Will's | | | | | |
| Mailing Address: Burrell Road | Method of Lat/Long (check one): Conventional Survey, | | | | |
| - | USGS quad, Hand-held GPS, Survey-grade GPS | | | | |
| Varcleave Ms 37565 | NENWE 4, Sec 6 T 6 5 R 7W | | | | |
| City State Zip Code | 3 Miles NW of Vandeaue | | | | |
| Telephone No. (<u>308</u> <u>218 -1937</u> | (Distance) (Direction) (Nearest Town) | | | | |
| Weli / B | orehole Data | | | | |
| Date drilling started: $9-19-18$ Date drilling completed: $9-30-18$ Hole depth: 370 FT Hole diameter: $3''$ | | | | | |
| Location of the source of any surface water used for drilli | ng: NA | | | | |
| Method of dosing and volume of Chlorine used in drilling a | nd development: LGAIREX 1000 Drilling aGAI in Well | | | | |
| Logs run (circle all applicable) No log run Electric Gamr | na 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: 80 feet [above or below] land surface Date measured: 9-20-18 | | | | | |
| Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe): | | | | | |
| Well depth: 270 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix | | | | | |
| Casing length: 260 feet Casing diameter: 1 inches Type of casing: | | | | | |
| Screen length: 10 feet Screen diameter: 2 inches Type of screen: | | | | | |
| Screen slot size: 1006 inches Setting depth: From 260 feet to 270 feet | | | | | |
| Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural 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) | | | | |

| | <u> </u> | | L . | Office Use | - |
|--|--|---|--------------------------|---------------------------------------|----------------------|
| Permit #: | | | Well #: | K 19 |) |
| The sketch below only re | equired for water wells | Description of formations en- and boreholes, unless specifi | countered i | must be provide pted by regulation | d for all |
| If well telescopes, show a | lepths on sketch. | Description of Formations Encou | intered | From (<i>depth</i>) | To (dep |
| Ground Level | | TOPSOIL | ance: co | Ground level | $\frac{1}{2}$ |
| | | orange and Blue | | 2 | 240 |
| | | Stay Medium S | and ' | 240 | 270 |
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| Sketch the property layout and 1) the well location 2) any permanent struct | ures on the property that may | aid in locating the well | | | - |
| Sketch the property layout and 1) the well location 2) any permanent struct | nd include the following: ures on the property that may | aid in locating the well in locating the property and the well | | | |
| Sketch the property layout as 1) the well location 2) any permanent struct 3) any roads, power line | nd include the following: ures on the property that may | aid in locating the well in locating the property and the well | l | | |
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| Sketch the property layout ar 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow | ures on the property that may s, or other items that may aid | in locating the property and the well | | 7 57 | |
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| Sketch the property layout and 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow Landowner Name: HEREBY CERTIFY that the requirements of the Missi | ures on the property that may so, or other items that may aid when the well/borehole was drilled ssippi Department of Enviro | in locating the property and the well | Hu | re with all appli | icable regulatio |
| Sketch the property layout and 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow Landowner Name: Landowner | ures on the property that may so, or other items that may aid when the well/borehole was drilled ssippi Department of Enviro | ROAD , constructed, and completed in nmental Quality and the Mississi | Hu | re with all appli | icable regulation |
| Sketch the property layout as 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow Landowner Name: Day I HEREBY CERTIFY that the requirements of the Missis if applicable, and state la | had include the following: ures on the property that may aid the state of the property that may aid the state of the stat | in locating the property and the well was a second of the property and the | A accordance opi Departi | te with all appliment of Health | icable regulation |
| Sketch the property layout as 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow Landowner Name: Day I HEREBY CERTIFY that the requirements of the Missis if applicable, and state la | ures on the property that may so, or other items that may aid when the well/borehole was drilled ssippi Department of Enviro | ROAD , constructed, and completed in nmental Quality and the Mississi | A accordance opi Departi | re with all appli | regulation |

STATE WELL REPORT

Jackson County: Driller: LDQS Date completed: Copy information from block on Part 1

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 #: _K795 | | | | |
| Aquifer: | | | | |

| | well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion. | | | |
|---|--|--|--|--|
| Well Owner Information | · Well Location | | | |
| Owner Name: Daphne Willis | Latitude 30°33′37.58 "Longitude: 088°43′26.10" | | | |
| Mailing Address: Burnell Road | Method of Lat/Long (check one): Conventional Survey, | | | |
| Vancleave, M. 39565 City State Zip Code Telephone No. (208) 218-1937 | USGS quad, Hand-held GPS, Survey-grade GPS | | | |
| Pump Ty | pe (circle one) | | | |
| Submersible Turbine Air Lift Centrifugal Flowing Well (| Jet Piston Rotary Other (describe): | | | |
| Date Pump Installed: $\frac{9/21/18}{}$ | Rated Pump Capacity:Gallons Per Minute | | | |
| Is This Pump (circle one): New Repaired Replacement | nt | | | |
| Power Ty | pe (circle one) | | | |
| | dmill Other (describe): | | | |
| Horse Power Rating of Motor: AHP Setting Dept | th: 100 FT Difeet Number of Stages: 3 | | | |
| Date Well Tested: 9/21/8 Duration of Pump Test (minimum 4 hours): 4/2 hours | | | | |
| Static Water Level (A): SD 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 (circle one): Steel tape Electric to | | | | |
| • | ta for Flowing Well | | | |
| Measured shut in head:feet. / | V/A | | | |
| Well yieldedGPM with a drawdown of | feet afterhours of pumping | | | |
| Meter Installation | | | | |
| Meter Manufacturer: | A Meter Serial Number: 570 | | | |
| Meter Model Number/Name: | Type of Meter: | | | |
| Totalizer Register Unit and Multiplier Factor (AF x .001, ga | l 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. | | | | |
| THEREBY CERTIFY that the above statements are true to the best of my knowledge. | | | | |

9/21//8 Date

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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