well #1

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)961-5555
(601)961-5228 (fax)

County: Jasper
Permit #:
Driller: David West
Date drilling completed: 4-20-2018

For Office Use Only:
Well #: P72
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: Wayne Lovett
Mailing Address: 199 CR 52816
Heidelberg, MS. 39439
City State Zip Code
Telephone No. (601) 422-9380

Well or Borehole Location

Latitude: 31-56-21 Longitude: 89-06-33
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad X, Hand-held GPS____, Survey-grade GPS____
SE NE ¼ NW SW ¼, Sec 7 T 1N R 12E
4 Miles NW of Heidelberg
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-14-20 Date drilling completed: 4-20-18 Hole depth: 600' Hole diameter: 6¾"
Location of the source of any surface water used for drilling: Community water
Method of dosing and volume of Chlorine used in drilling and development: Tabs 50ppm
Logs run (check *all applicable*): [X] log run [ ] Electric [ ] Gamma Ray [ ] Density [ ] Sonic [ ] Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well [X] 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 (check *all applicable*): [ ] Home [ ] Industrial [ ] Public Supply [ ] Irrigation [ ] Fish Culture
Other (*describe*): Poultry Farm
If a flowing well, method of flow regulation: Valve _____ Other (*describe*)
Static Water Level: 190 feet [ ] above or [X] below land surface (check *one*) Date measured: 4-20-2018
Method of measurement (check *one*) [ ] Steel tape [ ] Electric tape [ ] Air line [ ] Other (*describe*): Sonar
Well depth: 600' Well grouted to a depth of: 50 feet Type of grout (check *one*) [ ] Neat Cement [ ] Bentonite [X] Mix
Casing length: 560 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 560 feet to 600 feet
Type of completion (check *all applicable*) [X] 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)

Well #1

County: Jasper

Permit #:

For Office Use Only:

Well #: P72

The sketch below only required for water wells

If well telescopes, show depths on sketch.

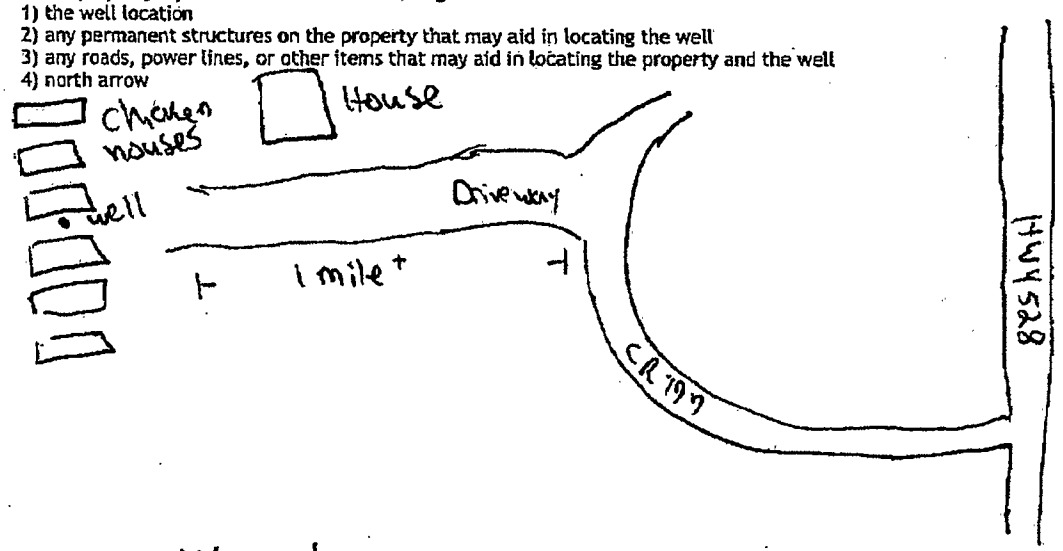
Ground Level

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)
Sand	Ground level	26
Clay	26	51
Rock / Clay	51	96
Clay	96	390
Moody's Branch	390	385
Sandy Clay	385	490
Sand	490	600

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: Wayne Lovett

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.

David West 0692 — Print Name of Responsible Licensee and License No.

4-23-2018 — Date

Signature of Licensee

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

Well #1

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: Jasper
Permit #:
Driller:
Date completed:
Copy information from block on Part 1

For Office Use Only:
Well #: P72
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: Wayne Lovett
Mailing Address: 199 CR 528116
Heidelberg (City) MS (State) 39439 (Zip Code)
Telephone No. (601) 422-9380

Well Location

Latitude: 31-56-21 Longitude: 89-06-33
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad X, Hand-held GPS____, Survey-grade GPS____
SE NE¼ NW SW¼, Sec 17 T 1N R 11W
4 (Distance) Miles NW (Direction) of Heidelberg (Nearest Town) 12E

Pump Type (check *one*)

Submersible [X] Turbine [ ] Air Lift [ ] Centrifugal [ ] Flowing Well [ ] Jet [ ] Piston [ ] Rotary [ ] Other (*describe*): ____
Date Pump Installed: 4-21-2018 Rated Pump Capacity: 50 Gallons Per Minute
Is This Pump (*check one*): [X] New [ ] Repaired [ ] Replacement

Power Type (check *one*)

Electric [X] Diesel [ ] Gasoline [ ] Natural Gas [ ] Tractor PTO [ ] Windmill [ ] Other (*describe*): ____
Horse Power Rating of Motor: 5HP. Setting Depth: 252 feet Number of Stages: ____

Pump Test Data for Non Flowing Well

Date Well Tested: ____ Duration of Pump Test (*minimum 4 hours*): ____ hours
Static Water Level (A): ____ 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 [ ] Electric tape [ ] Air line [ ] Other (*describe*): ____

Pump Test Data for Flowing Well

Measured shut in head: ____ feet.
Well yielded ____ GPM with a drawdown of ____ feet after ____ 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 (*check 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.

David West 07672 (Print Name of Pump Installer and License No. (*if applicable*)) 4-23-2018 (Date) [signature] (Signature of Pump Installer)

Form: OLWR-SWR-2A (4/13)