|  | STATE WELL REPORT   |                            |  |
|--|---|----------------------------|--|
| County: Lamor  | Part 1  | For Office Use Only:       |  |
| Permit #:  | Driller's Log   | Well #: B127               |  |
| Driller: James M. Wells  | Mississippi Department of Environmental Qual<br>Office of Land and Water Resources                  | Aquifer:                   |  |
| Date drilling completed: 7-15-15   | P.O. Box 2309<br>Jackson, MS 39225-2309   | E-Log #:                   |  |
| Date driving completed.  | (601)961-5210   |                            |  |
|  | (601)360-0535 (fax)   |                            |  |
|  | be prepared by the license holder responsible f<br>ithin 30 days of completion of drilling of the w | ell or borehole.           |  |
| Well Owner Informat<br>(Landowner if borehole is not for   | ion $31^{\circ} = 512^{\circ}$ Well or B  | orehole Location 87 78 27  |  |
| Owner Name: Dustin St  | Latitude: 21 ab. aby  | Longitude: 089°28, 455     |  |
|  | Method of Lat/Long (check   | one): Conventional Survey, |  |
| Mailing Address:   | USGS guad, Hand-hel   | d GPS, Survey-grade GPS    |  |
|  | 39401 SW 14 SE 14, 5  | ec 2 T 5N R 15W            |  |
| thatties bung MS<br>City State   | Zip Code 5_Miles E  | . 1                        |  |
| Telephone No. (601) 549-0  | 306 (Distance) (Direction   |                            |  |
|  |   |                            |  |
| Well / Borehole Data<br>Date drilling started: 7-15-15 Date drilling completed: 7-15-15 Hole depth: 240 Hole diameter: 7'3'' |   |                            |  |
| Location of the source of any surface v  | water used for drilling: <u>running</u> Cre   | ec                         |  |
| Method of dosing and volume of Chlori  | ne used in drilling and development:  | le chlorine                |  |
| Logs run (circle all applicable): No log r   | Electric Gamma Ray Density Sonic Ne   | utron Other:               |  |
| Name of organization running log(s):   |   |                            |  |
| Purpose of borehole (circle one): Water  | Well Geotechnical/Geological Investigation  | Ground Source Heat Pump    |  |
| Seism  | ic Survey Other (describe)  |                            |  |
| If drilling is not rel   | ated to water well construction, skip the remain  | ider 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 regul  | If a flowing well, method of flow regulation: Valve Other (describe)                                |                            |  |
| Static Water Level: <u>140</u> feet [above or <u>below</u> ] land surface Date measured: <u>7-15-15</u> (circle one)         |   |                            |  |
| Method of measurement (circle one): Seel tape Electric tape Air line Other (describe):                                       |   |                            |  |
| Well depth 240 Well grouted to a depth of: 10 feet Type of grout (circle one): Reat Cement Bentonite Mix                     |   |                            |  |
| Casing length: 200 feet Casing diameter: 04 inches Type of casing: 04  |   |                            |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>DVC</u>                                    |   |                            |  |
| Screen slot size: <u>005</u> inches Setting depth: From <u>200</u> feet to <u>240</u> 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  | A B B G B C STOLL STOLL    |  |
| If telesc  | oped or more than one screen, describe on next  | t page                     |  |

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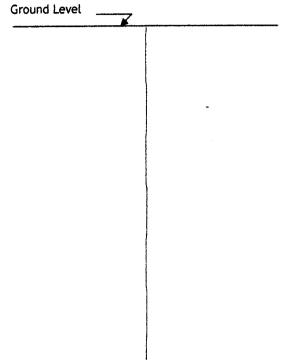
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| County: _ | Lamor |
|-----------|-------|
| Permit #: |       |

| F       | or Of | fice U | Jse Only |  |
|---------|-------|--------|----------|--|
| Well #: | B     | 12 ·   | 1        |  |
|         |       |        |          |  |

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)<br>Ground level | To (depth) |
|--|------------------------------|------------|
| +1,250;1   | Ground level                 | -)         |
| clay.  | 1                            | 185        |
| sand   | 185                          | 240        |
|  |                              |            |
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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   |                                     |
| 20/  |                                     |
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|  |                                     |
|  |                                     |
| Hwy 47   |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  | SEF (1 7 70)E                       |
|  |                                     |
|  |                                     |
| Landowner Name: Dustin Strickland  |                                     |
| Landowner Name: Justin Strickland  |                                     |
| I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in ac        | cordance with all applicable        |
| requirements of the Mississippi Department of Environmental Quality and the Mississippi      | Department of Health regulations    |
| if applicable, and state laws.   | Department of fication regulations, |
|  |                                     |
| James M. Wells 00005889 8-29-15 Jan  | an crels                            |
| Print Name of Responsible Licensee and License No. Date S                                    | ignature of Licensee                |

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

|   | STATE W                | ELL REPORT   |                                    |
|---|------------------------|--|------------------------------------|
| County: Lamar   |                        | Part 2   | For Office Use Only:               |
| Permit #:   |                        | r's Completion Report<br>nent of Environmental Quality | Well #: B 124                      |
| Driller: James M. Wells   |                        | nd and Water Resources                                 | weil #:                            |
| Date completed: 7-15-15   |                        | .O. Box 2309<br>on, MS 39225-2309                      | Aquifer:                           |
| Copy information from block on Part 1   | (                      | 501)961-5210<br>) 360-0535 (fax)                       |                                    |
| This part of the report must be complete<br>of the report must be attached and both   | parts filed with the D | epartment at the above address w                       | vithin 30 days of well completion. |
| Well Owner Informati  | 1                      |  |                                    |
| Owner Name: Dustin Sti  | chland                 | Latitude: 21 20, 207 Lor                               | ngitude:089°28.455                 |
| Mailing Address:  |                        | Method of Lat/Long (check one                          | ): Conventional Survey,            |
| 3802 West Fourt   | h SZ.                  | USGS quad, Hand-held G                                 |                                    |
| Hatfiesburg MS  | 39401                  |  | 2 T 5N R 15W                       |
|   |                        | 5 Miles E o  | 5 Sumrall                          |
| Telephone No. (601) 549-23  | <u>506</u>             | (Distance) (Direction)                                 | (Nearest Town)                     |
|   |                        | pe (circle one)  |                                    |
| Submersible Turbine Air Lift Centrif  |                        |  |                                    |
| Date Pump Installed: 7-15-15  |                        | Rated Pump Capacity:                                   | Gallons Per Minute                 |
| Is This Pump (circle one): (New Re  |                        |  |                                    |
|   | -                      | pe (circle one)  |                                    |
| Electric Diesel Gasoline Natural Gas  |                        |  |                                    |
| Horse Power Rating of Motor:  | Setting Dept           | h: <u>I /O</u> feet Number                             | of Stages:                         |
| Date Well Tested: 7-15.15   | Pump Test Data         | for Non Flowing Well<br>Duration of Pump Test (minin   | num 4 hours): / hours              |
|   |                        |  |                                    |
| Static Water Level (A): 140 Fee   |                        |  | 70 Feet Below Land Surface         |
| Drawdown [(B) - (A)]: -148-30   |                        | , <b>j</b>   | Gallons Per Minute                 |
| Method of measurement (circle one) S  | teel take Electric ta  | ape Air line Other (describe):                         |                                    |
| Measured shut in head:feet  | •                      | ta for Flowing Well                                    |                                    |
|   |                        | fact offer   | hours of purchas                   |
| Well yieldedGPM with a g  |                        |  | _nours of pumping                  |
| Meter Installation   Meter Manufacturer: Meter Serial Number:   |                        |  |                                    |
|   |                        |  |                                    |
| Meter Model Number/Name:  |                        |  |                                    |
| Totalizer Register Unit and Multiplier F  |                        |  | SEP 3 8 and                        |
| Installation Date:  | -                      |  |                                    |
| Is This Meter (circle one): New Re  |                        |  |                                    |
| Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.<br>For agricultural wells, a list of approved meters is on the MDEQ website. |                        |  |                                    |
| I HEREBY CERTIFY that the above state   | ments are true to th   | e best of my knowledge.                                |                                    |
| James M. Wells 0000   | 5889                   | 8:29.15 tone   | + m. curly                         |
| Print Name of Pump installer and Licen  | ise No. (if applicable | ) Date Signa   | ture of Pump Installer             |
|   |                        |  | Form: OLWR-SWR-1B (4/13            |

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