

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)

For Office Use Only:

Well #: B149
Aquifer: _____
E-Log #: _____

County: Lamar
Permit #: _____
Driller: Josh Boone
Date drilling completed: 5-7-18

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>Johnnie Easton</u> | Latitude: <u>31 22 53 N</u> Longitude: <u>89 31 55 W</u> |
| Mailing Address: <u>77 Big John Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Sumrall</u> MS <u>39482</u> | <u>NW 1/4 SW 1/4</u> , Sec <u>20</u> T <u>5N</u> R <u>15W</u> |
| City State Zip Code | <u>3</u> Miles <u>E</u> of <u>Sumrall</u> |
| Telephone No. <u>(561) 596-3284</u> | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 5-7-18 Date drilling completed: 5-7-18 Hole depth: 260 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling: existing well

Method of dosing and volume of Chlorine used in drilling and development: Granulated Chlorine

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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

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Purpose of Well (check 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: 150 feet above or below land surface Date measured: 5-8-18
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 260 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: sch 40 pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: saw slot

Screen slot size: 8 inches Setting depth: From 240 feet to 260 feet

Type of completion (check 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

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 #: B149
Aquifer: _____

County: Lamar
Permit #: _____
Driller: Josh Boone
Date completed: 5-7-18
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.

| Well Owner Information | | | Well Location | | |
|--|--------------------|--------------------------|--|--|--|
| Owner Name: <u>Johanne Estor</u> | | | Latitude: <u>31 22 53 N</u> Longitude: <u>89 31 55 W</u> | | |
| Mailing Address: <u>77 Big John Rd</u> | | | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ | | |
| <u>SumBall</u> City | <u>MS</u> State | <u>39487</u> Zip Code | <u>NW 1/4 SW 1/4, Sec 20 T 5N R 15W</u> | | |
| Telephone No. (<u>661</u>) <u>596-3284</u> | | | <u>3</u> Miles <u>E</u> of <u>SumBall</u> (Distance) (Direction) (Nearest Town) | | |

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 5-7-18 Rated Pump Capacity: 18 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 Setting Depth: 180 feet Number of Stages: 10

Pump Test Data for Non Flowing Well
Date Well Tested: 5-8-18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 170 Feet Below Land Surface
Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 18 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: 150 feet.
Well yielded 18 GPM with a drawdown of 20 feet after 4 hours of pumping

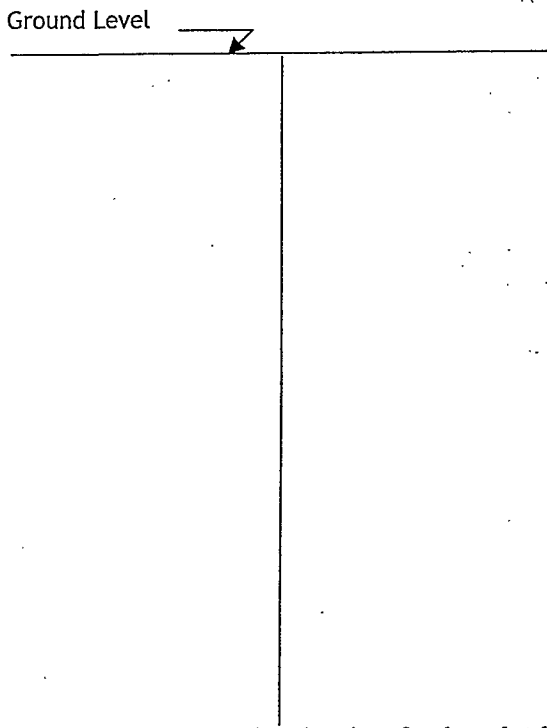
Meter Installation
Meter Manufacturer: _____ Meter Serial Number: RECEIVED
Meter Model Number/Name: _____ Type of Meter: JUN 25 2018
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: BY OLWR
Is This Meter (check one): New Repaired 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.
Josh Boone 8683 5-8-18 Josh Boone
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: Lamar
 Permit #: _____

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The sketch below only required for water wells
If well telescopes, show depths on sketch.

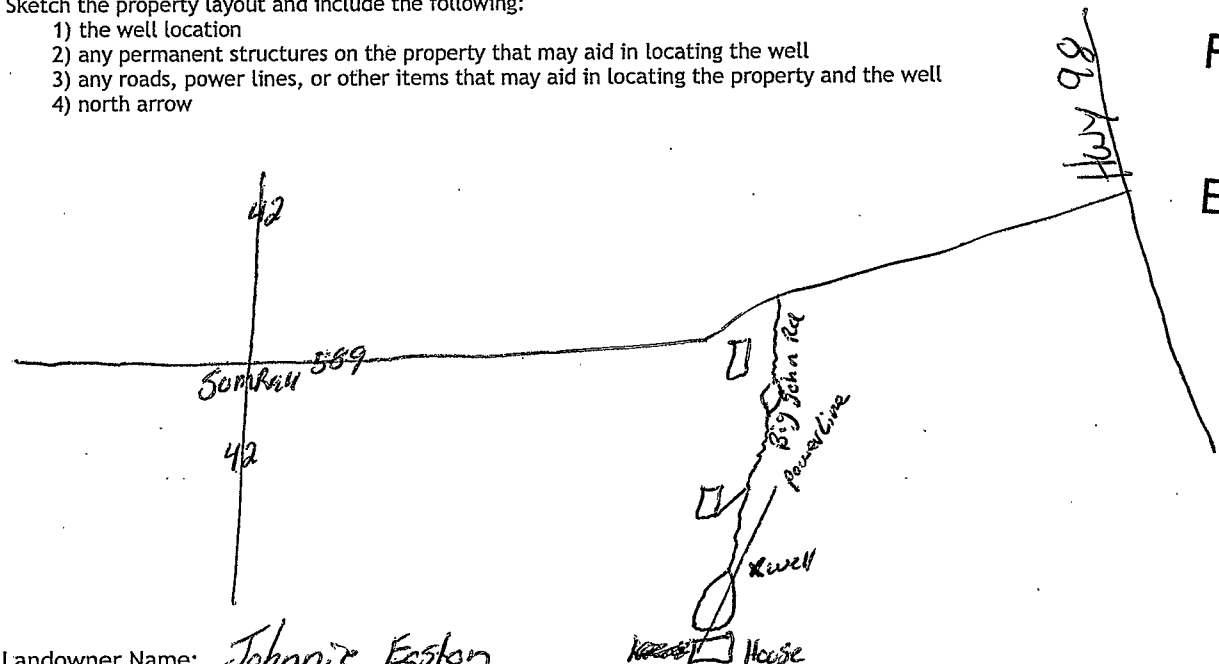


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Top Soil | 0 | 2 |
| Sand | 2 | 22 |
| White Clay | 22 | 60 |
| Blue Clay | 60 | 176 |
| Small Sand | 170 | 185 |
| Blue Clay | 185 | 195 |
| Sand | 195 | 260 |
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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



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Landowner Name: Johnnie Easton

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.

Josh Boone 8683 5-8-18 Josh Boone
 Print Name of Responsible Licensee and License No. Date Signature of Licensee