

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: E304

L. S. Elevation: _____

E-log #: _____

County: Forrest
 Permit #: _____
 Driller: Scott Boone
 Date drilling completed: 3-21-16

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CrossCreek Multifamily LLC</u>	Latitude: <u>31° 19' 35"</u> Longitude: <u>89° 22' 54"</u>
Mailing Address: <u>112 Sheffield Loop</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hattiesburg MS 39402</u>	<u>SW 1/4 NW 1/4 Sec 11 Twn 4N Rng 14W</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 3-21-16 Date drilling completed: 3-21-16 Hole depth: 340ft Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: # Beaulac Chlorine

Logs run (circle all applicable) (No 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

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 93ft feet above or below (circle one) land surface Date measured: 3-21-16

Method of Measurement (circle one) (steel tape) electric tape air line other: _____

Well depth: 340ft Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4" inches Type of casing: SCH 40

Screen length: 40 feet Screen diameter: 4" inches Type of screen: # 8 PVC Reg slot

Screen slot size: # 8 inches Setting depth: From 300 feet to 340 feet

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped 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 100 (12/15)

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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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E 309
 Elevation: _____

County: Forrest
 Permit #: _____
 Driller: Scott Boone
 Date completed: 3-28-16

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>CrossCreek Multifamily LLC</u>	Latitude: <u>31° 19' 35" N</u> Longitude: <u>89° 22' 54" W</u>
Mailing Address: <u>112 Sheffield Loop</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hattiesburg</u> MS <u>39402</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	<u>SW 1/4 NW 1/4</u> Sec <u>11</u> T <u>4N</u> R <u>14W</u>
	Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>3-28-16</u>	Setting Depth: <u>165</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3-21-16</u>	Circle one
Static Water Level (A): <u>93</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>75</u> Gallons Per Minute	Well yielded <u>75</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>42</u> feet after <u>24</u> hours of pumping

This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Scott Boone 6262 Scott Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

APR 26 2016

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