Lamar

County: ~~Forrest~~

Permit #:

Driller: Scott Boone

Date drilling completed: 3-22-16

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 #: E305

L. S. Elevation:

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.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name CrossCreek Multifamily LLC

Mailing Address: 112 Sheffield Loop

Hattiesburg (City) MS (State) 39402 (Zip Code)

Telephone No. (____)

Well or Borehole Location

Latitude: 31 ° 19 ' 35 " Longitude: 89 ° 22 ' 54 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS

SW ¼ NW ¼ Sec 11 Twn 4N Rng 14W

Distance ____ Miles Direction ____ of Nearest Town ____

Well / Borehole Data

Date drilling started: 3-22-16 Date drilling completed: 3-22-16 Hole depth: 340ft Hole diameter: 7½

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

Method of dosing and volume of Chlorine used in drilling and development: 1lb Granular 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 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 one): Home ___ Industrial ___ Public Supply ___ Irrigation X 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: 3-22-16

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

Well depth: 340ft Well grouted to a depth of 10 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-SWR-1A (04/08)

Received

APR 26 2016

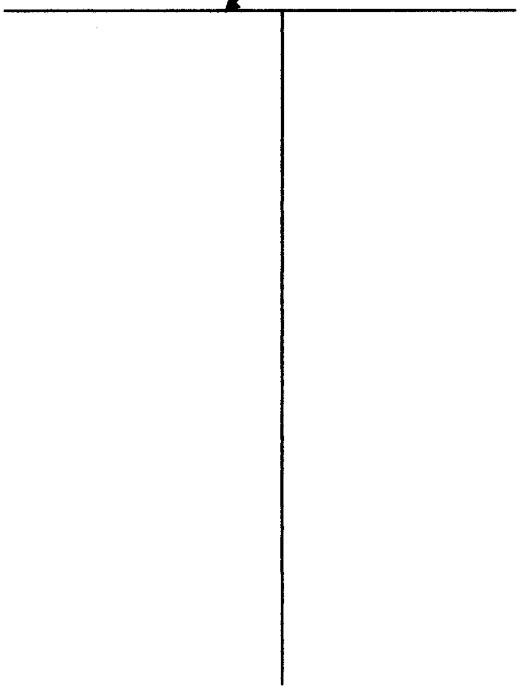
By OLWR

E305

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)
	Ground Level	
Red clay	0	16ft
Sand - Gravel	16	75
White clay	75	140
Powder Sand	140	180
Blue clay	180	215
Sand - Packed	215	340

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) a north arrow.

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I 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.

Scott Boone 6262 — **Print Name of Responsible Licensee and License No.**

4-13-16 — **Date**

Scott Boone — **Signature of Licensee**

Received

APR 26 2016

By OLWR

County: Forest

Permit #:

Driller: Scott Boone

Date completed: 3-28-16

Copy information from block on Part 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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer:

Well #: E305

Elevation:

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: CrossCreek Multifamily LLC

Mailing Address: 112 Sheffield Loop

Hattiesburg MS 39402
City State Zip Code

Telephone No. (____)

Well Location

Latitude: 31 19 35 Longitude: 89 23 54

Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___

SW ¼ NW ¼ Sec 11 T 4N R 14W

Distance ____ Miles Direction ____ of Nearest Town ____

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):

Date Pump Installed: 3-28-16

Rated Pump Capacity: 55 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
(Electric Motor)	Hand	Tractor PTO
Windmill	Other (specify):	

Horse Power Rating of Motor: 5hp

Setting Depth: 165 feet

Number of Stages: 15

Pump Test Data

Date Well Tested: 3-22-16

Static Water Level (A): 93 Feet Below Land Surface

Pumping Water Level (B): 135 Feet Below Land Surface

Drawdown [(B) – (A)]: 42 Feet Below Land Surface

Test Pumping Rate: 75 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify):

For flowing well, measured shut in head: ____ feet

Well yielded 75 GPM with a drawdown of 42 feet after 24 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
Print Name of Pump Installer and License No. (if applicable)

Scott Boone
Signature of Pump Installer

Received
APR 26 2016
By OLWR

Form: OLWR-SWR-1 (07/08)