

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 1-13-16

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 #: Q 410
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>David McCann</u> Mailing Address: <u>P.O. Box 458</u> <u>Sebastopol</u> <u>MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 37' 15.06"</u> Longitude: <u>89° 21' 2.92"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>5W 1/2 5W</u> 1/4 Sec <u>14</u> Twn <u>9N</u> Rng <u>9E</u> Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Sebastopol</u></p>
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Well / Borehole Data

Date drilling started: 1-13-16 Date drilling completed: 1-13-16 Hole depth: 160 Hole diameter: 4"

Location of the source of any surface water used for drilling: NA
 Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender

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: 60 feet above or below (circle one) land surface Date measured: 1-13-16

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

Well depth: 160 Well grouted to a depth of 104 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 150 feet to 160 feet

Type of completion (circle all applicable): Gravel packed 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)

STATE WELL REPORT

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 1-14-16
 Copy information from block on Part 1

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 #: Q46
 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: David McCann
 Mailing Address: P.O. Box 458
Sebastopol MS
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 32°37'15.06" Longitude: 89°21'2.77"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ ¼ _____ ¼ Sec 14 T _____ R _____
 Distance Direction Nearest Town
3 Miles N of Sebastopol

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1-14-16
 Rated Pump Capacity: 10 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: 1/2
 Setting Depth: 100 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 1-14-16
 Static Water Level (A): 60 Feet Below Land Surface
 Pumping Water Level (B): 75 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Test Pumping Rate: 20 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 1 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

David S. Thomas 0-147
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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