| County: Lellore |
|--------------------------|
| Permit #: MS GW 46998 |
| Driller: William K VEST |
| Date drilling completed: |

Well Owner Information

(Landowner if borehole is not for a water well)

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)961-5210
(601)360-0535 (fax)

| For Office Use Only: well #: 15/ |
|----------------------------------|
| Aquifer: |
| E-Log #: |

Well or Borehole Location

Latitude: $\frac{33^{\circ}24^{\circ}C^{\circ}}{24^{\circ}}$ Longitude: $\frac{-90^{\circ}18^{\circ}36^{\circ}}{24^{\circ}}$

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.

| Owner Name. Act 1 191001 | ethod of Lat/Long (check one): Conventional Survey, | |
|--|--|--|
| Mailing Address: P.O. BOX \ | | |
| | GGS quad, Hand-held GPS, Survey-grade GPS | |
| Monday City W4 38946 1 | 1W 14 NW 14, Sec 28 T 18N R OIW | |
| City State Zip Code | 2 Miles 6000 Norgan City | |
| Morgan City M5 38946 Zip Code Telephone No. (642) 897-0501 (1) | Distance) (Direction) (Nearest Town) | |
| | shole Data | |
| Well / Borehole Data Date drilling started: 2/1/14 Date drilling completed: 2/1/14 Hole depth: 10 Hole diameter: 28 | | |
| Location of the source of any surface water used for drilling: | | |
| Method of dosing and volume of Chlorine used in drilling and | development: | |
| Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: | | |
| Name of organization running log(s): | | |
| Purpose of borehole (circle 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 (circle 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: | and surface Date measured: | |
| Method of measurement (circle one): Steel tape Electric tap | | |
| Well depth: //O Well grouted to a depth of: /O feet | | |
| Casing length: Casing diameter: | | |
| Screen length: 40000 feet Screen diameter: | Me_inches Type of screen: PVC | |
| Screen slot size: <u>632</u> inches Setting depth: F | rom // D feet tofeet | |
| Type of completion (circle 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 Form: OLWR-SWR-1A (4/13) | |
| | (UIII, ULTIN STIN IA (T) 15) | |

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| County: Lellact Permit #: INS-County required for water wells If well telescopes, show depths on sketch. Ground Level Description of formations encountered must be provided for and boreholes, unless specifically exempted by regulations. Description of Formations Encountered From (depth) To Ground level Havy Sand Ground level Havy Sand Ground level From (depth) To Ground level Havy Sand Ground level Havy Sand Ground level 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 | all well (depth) |
|--|---------------------|
| If well telescopes, show depths on sketch. Ground Level Secription of Formations Encountered From (depth) To | |
| Ground Level Princ Scand Ground level 3 Havy Sand 3 9 10 | (depth) |
| 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 | 20 |
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| tq 20 m to the control of the contro | |
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| | |
| Landowner Name: | |
| 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 regulif applicable, and state laws. | : lations, |
| 1111 1111 1110 ON 1010 1100 | _ |
| Print Name of Responsible Licensee and License No. Date Signature of Licensee | |

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

STATE WELL REPORT

Permit #: M3 GW- 46 998 Driller: Wilkian K Vest Date completed: 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

| For Office Use Only: |
|----------------------|
| Well #:/ 15 / |
| Aquifer: |

| | (1) 360-0535 (fax) | | |
|---|--|--|--|
| This part of the report must be completed by a licensed wate. | r well contractor or a licensed pump installer. A copy of Part 1 | | |
| of the report must be attached and both parts filed with the l | Department at the above address within 30 days of well completion. Well Location | | |
| Owner Name: Vel Cle Waxam 5011 | Latitude: $33^{\circ}24^{\circ}C^{\prime\prime}$ Longitude: $90^{\circ}/8/36^{\prime\prime}$ | | |
| A ÷ A // | | | |
| Mailing Address: P.O. BOX R | Method of Lat/Long (check one): Conventional Survey, | | |
| 11 10/ 296111 | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| Morgan Coty M5 38946 City State Zip Code | NW 14 NW 14. Sec 28 T/8N ROIN | | |
| Telephone No. (462) 897-0501 | (Distance) Of Miggan City (Nearest Town) | | |
| | The (circle one) | | |
| Pump Type (circle one) Contribution Air Life Contributed Floring Well let Biston Botany Other (describe): | | | |
| Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 2/2/14 Rated Pump Capacity: 400 Gallons Per Minute | | | |
| | | | |
| Is This Pump (circle one): New Repaired Replacement Power Type (circle one) | | | |
| Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): | | | |
| Horse Power Rating of Motor: 30 Setting Depth: 80 feet Number of Stages: 1 | | | |
| Pump Test Data for Non Flowing Well | | | |
| Date Well Tested: Duration of Pump Test (minimum 4 hours): hours | | | |
| Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface | | | |
| Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute | | | |
| Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): | | | |
| Pump Test Data for Flowing Well | | | |
| Measured shut in head:feet. | | | |
| Well yieldedGPM with a drawdown of | feet afterhours of pumping | | |
| Meter Installation | | | |
| Meter Manufacturer: | Meter Serial Number: | | |
| | Type of Meter: | | |
| Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): | | | |
| Installation Date: Meter installed by: | | | |
| Is This Meter (circle one): New Repaired Replacem | ent | | |
| 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 | ne best of my knowledge. | | |
| 1141: V 1/0/1- DV62 | Kelle 11 ou | | |

Print Name of Pump Installer and License No. (if applicable)

Date

Signature of Pump Installer

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