

County: Louisiana
 Permit #: _____
 Driller: Clardy Dull
 Date drilling completed: 6/9/17

State Well Report
Part I - 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 #: M 44
 L. S. Elevation: 321
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mike Battotolo</u> Mailing Address: <u>677 Holding Rd.</u> <u>Columbus MS 39102</u> City State Zip Code Telephone No. <u>662 386-7446</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N 33° 25' 18.7"</u> Longitude: <u>W 88° 17' 74.1"</u> <u>33 25-11</u> <u>88-17-44</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 10 Twn 19S Rng 17W</u> Distance Direction Nearest Town <u>5 Miles SE of Columbus</u></p>
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Well / Borehole Data

Date drilling started: 6/8/17 Date drilling completed: 6/9/17 Hole depth: 262 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 # granular

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: water
diverter

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

Static Water Level: 134 feet above or below (circle one) land surface Date measured: 6/9/17

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

Well depth: 262 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 205 feet to 245 feet

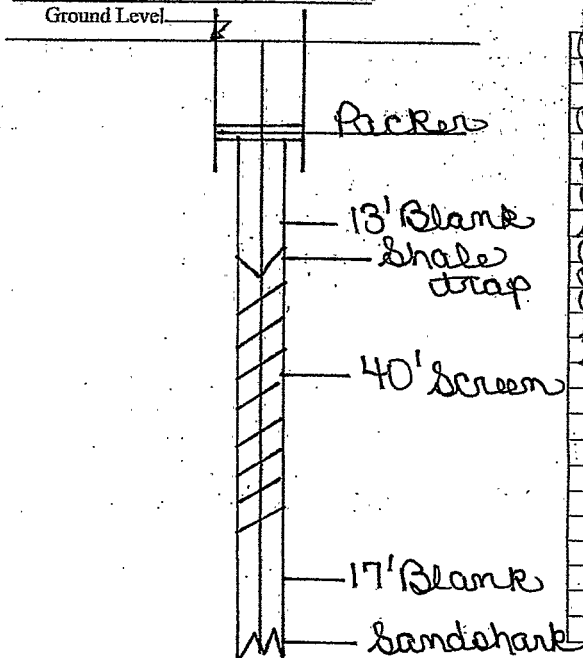
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: 5 feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)
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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)	To (depth)
Red clay	Ground Level	22
Red clay & gravel	22	34
Blue clay	34	97
Rock clay	97	97 1/2
Rock clay	97 1/2	146 1/2
Rock clay	146 1/2	147 1/2
Sandy clay	147 1/2	201 1/2
Clay	201 1/2	202
Rocky sand	202	209
Clay	209	223
Sand streak	223	257 1/2
Sandy clay	257 1/2	258

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) a north arrow.

Landowner Name: Mike Battistello

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.

Donald B. Clardy 6/22/17 Donald B. Clardy
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: Spalding
 Permit #: _____
 Driller: Clardy, Bull
 Date completed: 6/12/17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M44
 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	Well Location
Owner Name: <u>Mike Battotello</u>	Latitude: <u>N 33° 25.18' T</u> Longitude: <u>W 088° 17.74' T</u>
Mailing Address: <u>677 Golding Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> _____
<u>Columbus, MS 39702</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 10 T 19S R 17W</u>
Telephone No. <u>602 386-7446</u>	Distance Direction Nearest Town <u>5 Miles SE of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6/12/17</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

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 BY: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/12/17</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>134</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>10</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Ronald B Clardy UNADDDDD Ronald B Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

County: Louisa
Permit #: _____

State Well Report
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Aquifer: _____