STATE WELL REPORT					
county: Marian	Part 1	For Office Use Only:			
	Driller's Log	Well #: NICZ			
1 MISSISS	ippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:			
	P.O. Box 2309	E-Log #:			
Date drilling completed: 12-2-13	Jackson, MS 39225-2309 (601)961-5210				
	(601)360-0535 (fax)				
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.					
Well Owner Information	Well or Bore	hole Location			
(Landowner if borehole is not for a water		ngitude: 89°50.849 W			
Owner Name: Canal Energy & Seri	ling the	e): Conventional Survey,			
Mailing Address:	LISGS quad Hand-held G	PS, Survey-grade GPS			
42 Industrial Parkway 1					
Bogalusa LA 766 City State	100/				
City State	Zip Code Miles OF OXWOCH				
Telephone No. (504) 912-2890	(Distance) (Direction)	(Nearest Town)			
	Well / Borehole Data				
Date drilling started: 12-2-13 Date drilling completed: 12-2-13 Hole depth: 120 Hole diameter: 7/3"					
Location of the source of any surface water us	sed for drilling: <u>funning</u> creek				
Method of dosing and volume of Chlorine used in drilling and development: granule chlorice					
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 Surve					
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)	12 2 13			
Static Water Level: 60 feet [above or below] land surface Date measured: 12-2-13					
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):					
Well depth: 120 Well grouted to a depth	Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): leat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: Office Screen diameter: 4 inches Type of screen: DVC					
Screen slot size: .008 inches Setting depth: From 100 feet to 120 feet					
Type of completion (circle all applicables: Gravel packed Underreamed Open hole Natural Development					
Other (describe):					

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: _____feet

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

County:		1	r Office Use	•
The sketch below only required for water wells	Description of formations enc and boreholes, unless specific			
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encou		From (depth) Ground level	To (depth)
STOURING ECTOR	tops	<u> </u>		75
	Sac	(d	75	しる
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 3) any roads, power lines, or other items that may 4) north arrow	e aid in locating the well with locating the property and the well with locating the well wit	ι		
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¥			लस्याः (1721
म्ब्रा रि	13			
7	12			
× l				
Landowner Name: Canal Energy and	Services Inc.			
I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir if applicable, and state laws.	d, constructed, and completed in onmental Quality and the Mississi	n a ccordar ippi Depar	nce with all appl tment of Health	licable n regulations,
James M. Wells 00005889	1-4-14 Jan	ا صد	m. 1 /	ر م
Print Name of Responsible Licensee and License No.	Date		ire of Licensee	
			Form: OLW	R-SWR-1A (4/1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: _ Permit #: Driller: James M. Wells Date completed: 12-2-1 Copy information from block on Part 1

Marian

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:			
Well#: N 16 2			
Aquifer:			

(601)	360-0535 (fax)				
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name Canal Energy + Services Inc.	Latitude: 31°06.0 13N Longitude: 89°50.844W				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
42 Industrial Parkway Dr.	USGS quad, Hand-held GPS, Survey-grade GPS				
Bogalusa LA 70427 City State Zip Code					
Telephone No. (504) 912-2896	Distance) (Direction) of Foxworth (Nearest Town)				
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 12-2-13 Rated Pump Capacity: 12 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: Setting Dept	h: So feet Number of Stages: 19				
Pump Test Data for Non Flowing Well					
Date Well Tested: 12-2-13 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface					
Drawdown [(B) - (A)]: 65 Feet Below Land Surface Test Pumping Rate: 77 Gallons Per Minute					
Method of measurement (circle one) Steel tabe Electric ta	pe 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:				
Meter Model Number/Name:	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 Replacement					
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 best of my knowledge.					

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

Date

Signature of Pump Installer

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