

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)

County: MARSHALL
Permit #: MS-GW-17207
Driller: Dr. Gary Smith
Date drilling completed: _____

For Office Use Only:

Aquifer: _____
Well #: A95
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: GGLCI LLC
Mailing Address: 1000 DIVISION ST STE 520
NASHVILLE TN 37203
City State Zip Code
Telephone No. () _____

Well or Borehole Location

Latitude: 34.58.38.55 Longitude: 89.38.40.35
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4 Sec 22 Twn 01S Rng 04W
Distance Direction Nearest Town
1.74 Miles NE of Casey

Well / Borehole Data

Date drilling started: 4-9-15 Date drilling completed: 4-10-15 Hole depth: 210 Hole diameter: 8"

Location of the source of any surface water used for drilling: NDNIE
Method of dosing and volume of Chlorine used in drilling and development: Mixing Chlorine with Drilling water

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: 70' feet above or (below) (circle one) land surface Date measured: 4-11-15

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

Well depth: 210 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 170 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC

Screen slot size: .025 inches Setting depth: From 150/170 feet to 210 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: N/A feet. **If telescoped or more than one screen, describe on next page**

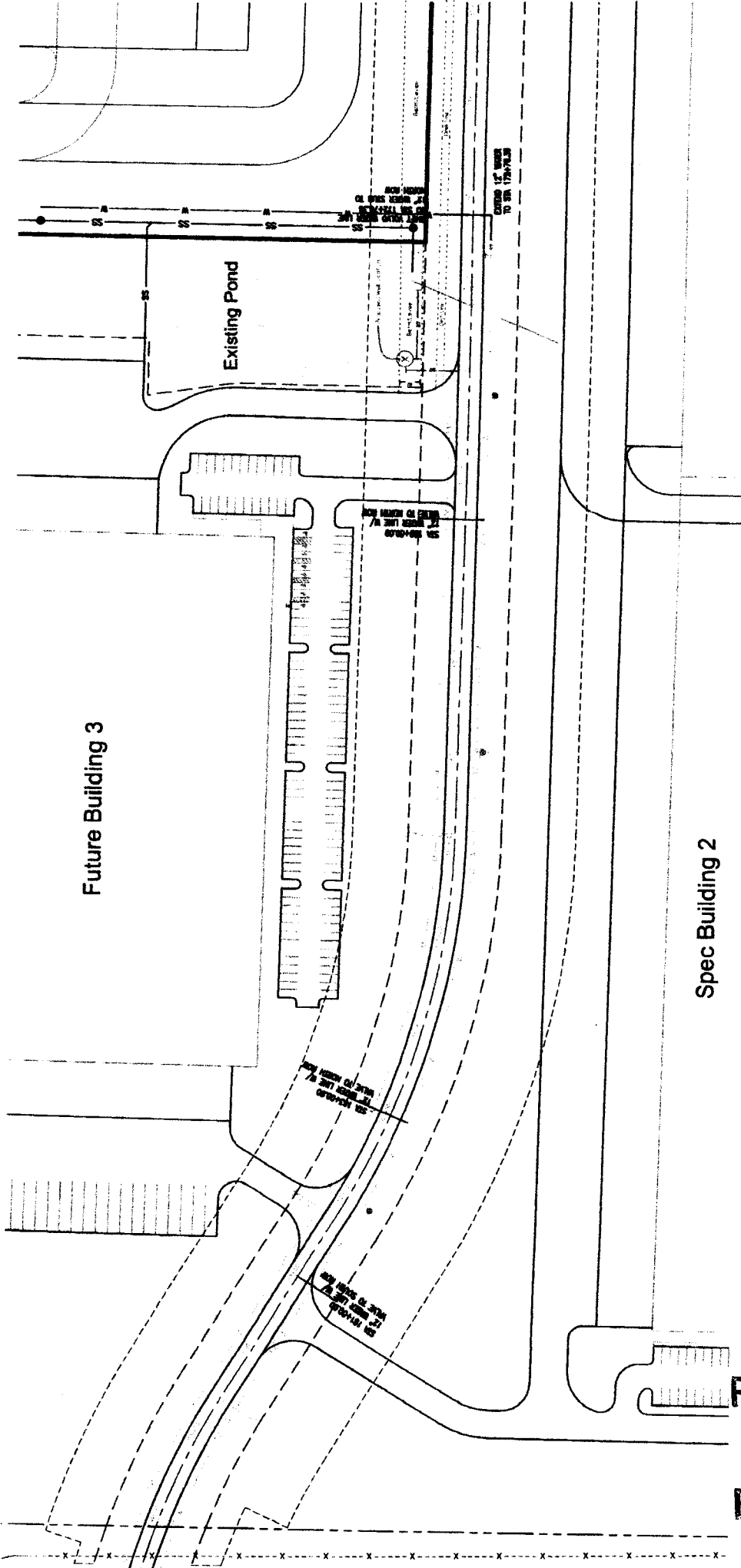
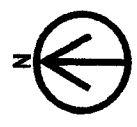
Form: OLWR-SW-114 (01/08)

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A 95



Future Building 3

Existing Pond

Spec Building 2

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BY: OLWR

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 #: A95
Elevation: _____

County: MARSHALL
Permit #: MS-GW-17207
Driller: GARY SMITH
Date completed: 4-10-15

Copy information from block on Part 1

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: GGLCI LLC
Mailing Address: 1000 Division St Ste 520
Nashville TN 37203
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 34°58'38.55" Longitude: 89°38'40.35"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
SE 1/4 SE 1/4 Sec 22 T 01S R 04W
Distance Direction Nearest Town
1.74 Miles NE of Casey MS

Pump Type

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 4-11-15
Rated Pump Capacity: 225 Gallons Per Minute

Power Type

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

Horse Power Rating of Motor: 25 HP
Setting Depth: 140' feet
Number of Stages: 6

Pump Test Data

Date Well Tested: 4-11-15
Static Water Level (A): 70' Feet Below Land Surface
Pumping Water Level (B): 110 Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 225 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 5 hours

Method of Measuring Water Level

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 225 GPM with a drawdown of
110 feet after 5 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.

GARY SMITH UNR 6595
Print Name of Pump Installer and License No. (if applicable)

Gary Smith
Signature of Pump Installer

Form: OLWR-SWR-10 (6/10)

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MAY 07 2015

BY: OLWR