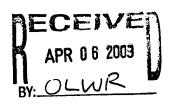
| | State Well Report | For Office Use Only: |
|--|--|---|
| County: Morshall | Part 1 – Driller's Log | |
| Missis | sippi Department of Environmental Quality Office of Land and Water Resources | Aquifer: |
| 10111111 | P.O. Box 2309 | Well #: H- 345 |
| Driller: Jones W Moson | Jackson, MS 39225 | L. S. Elevation: |
| Date drilling completed: 3-4-09 | (601)961- 5210 (601)961- 5228 (fax) | |
| | , , | E-log #: |
| State Law requires that this report be pre Department at the above address within | pared by the license holder responsible for | or the work and Jued wun ine oll or horehole. |
| Department at the above address within . Information on Well Owner | Well or | Borehole Location |
| (Landowner if borehole is not for a wate | r well) 34 . 49 . 8 | 19" Longitude: \$40, 933 |
| Owner Name Gools by | Latitude | 19" Longitude: 81 . 40, 133 |
| • | Method of Lat/Long (circle | ohe): Conventional Survey, |
| Mailing Address: 15 beechtee | USUS quad, (France-in | eld GPS Survey-grade GPS |
| | NE 14 NW 14 Sec 1 | 3 Twn 35 Rng 5 w |
| Byholic MS City State | 306H | |
| • | Zip Code Distance Direction | n Nearest Town of しいついし |
| Telephone No. (66) 561 - 0105 | | |
| | Well / Borehole Data | |
| Date drilling started: $3-4-09$ Date drilling cor | npleted: 3-4-09 Hole depth: 100 | Hole diameter: 6314 |
| | | |
| Location of the source of any surface water used for 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 (check one): Water Well | Geotechnical/Geological Investigation Gro | und 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 VIndustrial | Public SupplyIrrigation Fish Cult | ure Other: |
| If a flowing well, method of flow regulation: Valv | e Other (describe) | |
| Static Water Level: 45 feet above or below scircle one) land surface Date measured: 3-5-09 | | |
| Method of Measurement (circle one) steel tape electric tape air line other: 5tring lucifut | | |
| Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix | | |
| Casing length: 10 feet Casing diameter: 1 inches Type of casing: 10 C | | |
| Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10 | | |
| Screen slot size: (O() inches Setting depth: From feet to 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: | feet. If telescoped or more than one | screen, describe on next page Form: OLWR-SWR-1A (04/08) |



The sketch below only required for water wells

| If well telescopes, | show | depths | on | sketch. |
|---------------------|------|--------|----|---------|
| Ground Level. | | 7 | | |

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

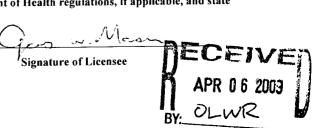
| Description of Formations Encountered | From (depth) | To (depth) |
|--|--|------------|
| cless dict | Ground Level | 30 |
| cley dist white clay white sould | 30 40 | Oir |
| white soud | 40 | (00) |
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If more than one screen, show location of each on sketch

| 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. | Sketch the property layout and include the following: 1) | the well location; 2) any permanent structures on the property that may |
|---|--|---|
| | | er lines, or other items that may aid in locating the property and the wen, |
| are I | 4) a north arrow. | 1 C |
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| 3 | Continu | 3 |
| Landowner Name: Goolsby 3 | Landowner Name: GOOLS & | |
| | • | 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

Print Name of Responsible Licensee and License No.



STATE WELL REPORT

County: NOISMALL Permit #: Date completed: 3-5-09 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

| For Office Use Only: | |
|----------------------|--|
| Aquifer: | |
| Well #: H- 345 | |
| Elevation: | |

(601)961-5228 (fax) 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 Latitude: 31.49, 819 Longitude: 89,40,932 Owner Name: (1-00/554 Mailing Address: 15 beechtee Method of Lat/Long (check one): Conventional Survey____, USGS quad , Hand-held GPS , Survey-grade GPS Bythelic MJ 38611
City State Zip Code NE 410 4 Sec 13 T 35 R 5w Distance Direction Nearest Town Telephone No. (663) 561 - 0105 IN Miles & E of Warrow **Power Type** Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift let Tractor PTO Bucket Piston Turbine Electric Motor Hand Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: 1 40. Other (specify): Setting Depth: $\underline{\mathcal{S}}$ Geet Date Pump Installed: 3-5-69 Rated Pump Capacity: () Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 3-5-09 Electric Measuring Line Air Line Static Water Level (A): 45 Feet Below Land Surface Other (specify): 5thin; / weight Pumping Water Level (B): A Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: ______feet (0 Test Pumping Rate: ____ Gallons Per Minute Well vielded GPM with a drawdown of feet after 24 hours of pumping Duration of Pump Test (minimum 4 hours): \mathcal{H} hours

| I HEREBY CERTIFY that the above statements are true to the best of | |
|--|-----------------------------|
| Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer |
| | 5 OLIMP OMD 4D (04/08) |

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