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APR 18 2018 359

County: Panola
Permit #: MS-GW-17370
Driller: Joel Jumper
Date drilling completed: 3-20-18

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:
Acquirer: OLWR
Well #: M38
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>SEAY, Harry + Margaret</u> <u>Alison</u></p> <p>Mailing Address: <u>2154 East 32nd</u> <u>place</u> <u>Tulsa</u> <u>OK</u> <u>74105</u></p> <p>City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 24' 18"</u> Longitude: <u>89° 56' 14"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p>USGS quad, <u>SE</u> <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>09</u> Twn <u>08S</u> Rng <u>07W</u></p> <p>Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Sardis</u></p>
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Well / Borehole Data

Date drilling started: 3-20-18 Date drilling completed: 3-20-18 Hole depth: 250 Hole diameter: 28in

Location of the source of any surface water used for drilling: Nearest Well

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 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: 90 feet above or below (circle one) land surface Date measured: 3-23-18

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

Well depth: 250 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 150 feet

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

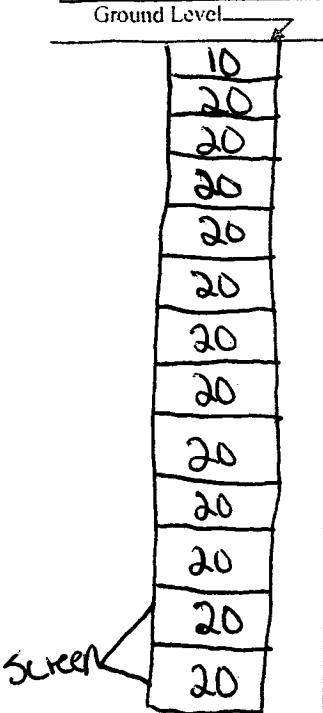
Other (describe): _____

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

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

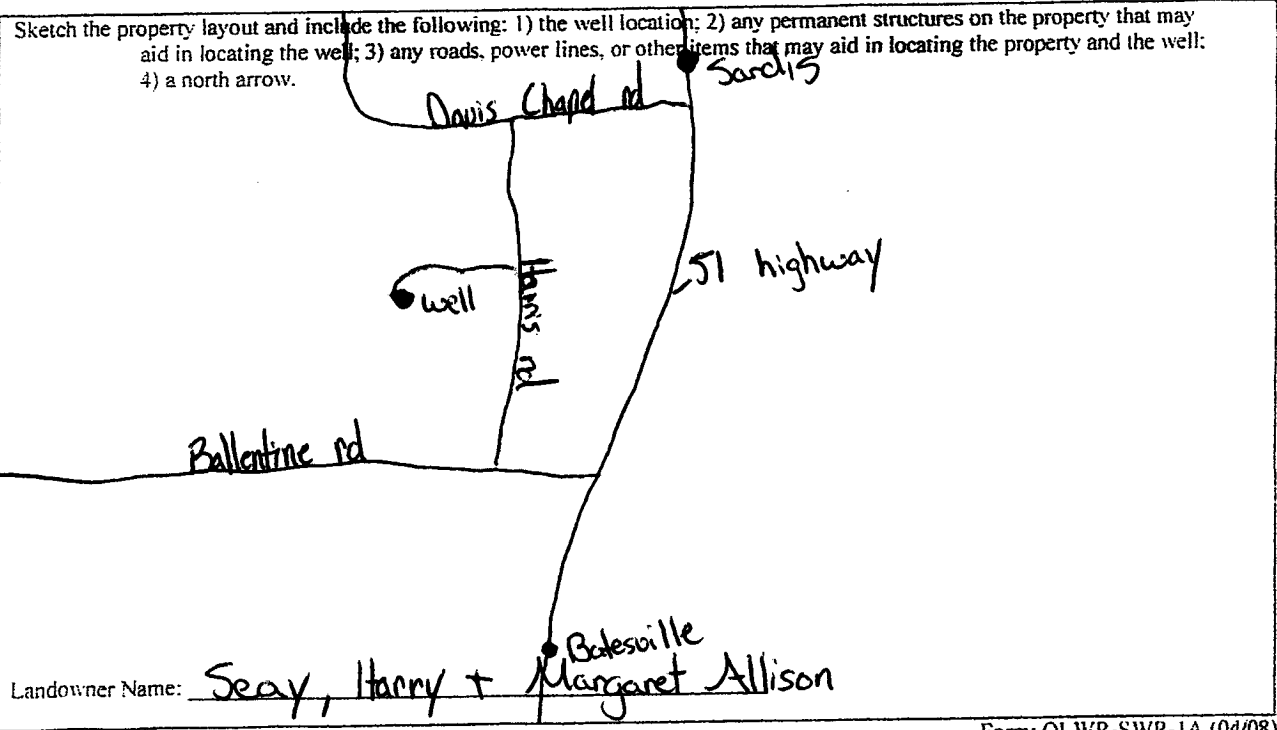


Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	20
gravel	20	40
gravel & sand	40	60
sand	60	80
sand	80	100
sand	100	120
sand	120	140
sand	140	160
sand	160	180
Course sand	180	200
Course sand	200	220
Course sand	220	240
Course sand	240	250

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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.



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.

Print Name of Responsible Licensee and License No. obel dumper 5317 Date 3-20-18 Signature of Licensee

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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)

BY OLWR
For Office Use Only:

County: Panola
Permit #: Ms-GW-17370
Driller: Joel Jumper
Date completed: 3-23-18
Copy information from block on Part 1

Aquifer:
Well #: M38
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: Owner Name: Seay, Harry & Margaret Allison; Mailing Address: 2154 East 32nd place, Tulsa OK 74105; Telephone No.
Well Location: Latitude: 34-24-18; Longitude: 89-56-14; Method of Lat/Long: Conventional Survey; USGS quad: SW 1/4 NE 1/4 Sec 09 T 08S R 07W; Distance: 2 Miles SW of Gardis

Pump Type: Jet, Submersible, Turbine; Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO; Horse Power Rating of Motor: 75; Setting Depth: 0 to 150 feet; Number of Stages: 2

Pump Test Data: Date Well Tested: 3-20-18; Static Water Level (A): 90 Feet Below Land Surface; Pumping Water Level (B): 120 Feet Below Land Surface; Drawdown [(B) - (A)]: 30 Feet Below Land Surface; Test Pumping Rate: 1200 Gallons Per Minute; Duration of Pump Test (minimum 4 hours): 8 hours
Method of Measuring Water Level: Electric Measuring Line; Well yielded 1200 GPM with a drawdown of 120 feet after 10 hours of pumping

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

Joel Jumper 5317
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer