

County: Pearl River
 Permit #: _____
 Driller: Scott Boone
 Date drilling completed: 6-29-16

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)

For Office Use Only:
 Aquifer: _____
 Well #: K91
 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: Louis-Barbara Michel
 Mailing Address: 7 White Pine Ln
Lot 91B
Poplarville MS 39470
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 30° 44' 39" Longitude: 89° 43' 12"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 NE 1/4 Sec 32 Twn 35 Rng 17W
 Distance Direction Nearest Town
23 Miles W of Poplarville

Well / Borehole Data
 Date drilling started: 6-29-16 Date drilling completed: 6-29-16 Hole depth: 265 Hole diameter: 7 1/2
 Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 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: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 97 ft feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 265 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 265 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #8 inches Setting depth: From 245 feet to 265 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*

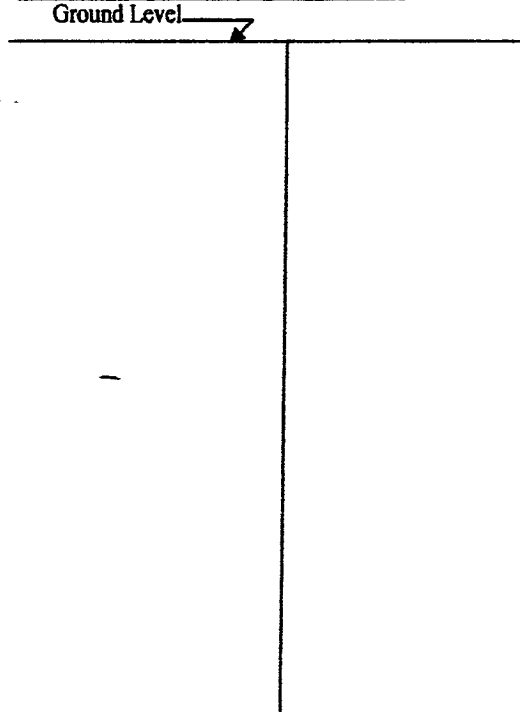
Form: OLWR-SWR-1A (04/08)

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 AUG 05 2016
 By OLWR

K91

The sketch below only required for water wells

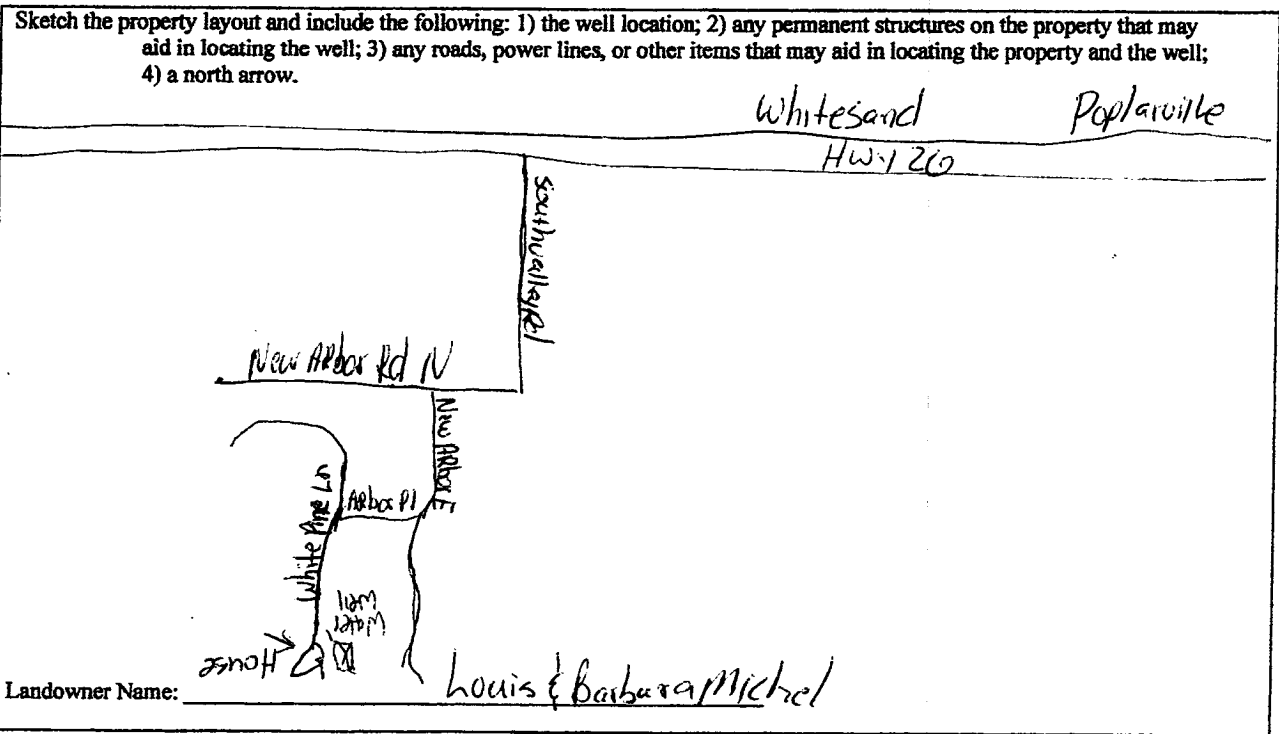
If well telescopes, show depths on sketch.



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)	
	Ground Level	
	0	40 S
	40	110 C
	110	165 S
	165	200 C
	200	265 S

If more than one screen, show location of each on sketch



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.

Scott Brune 62607 6-30-16 Scott Brune
 Print Name of Responsible Licensee and License No. Date 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)

County: Pearl River
 Permit #: _____
 Driller: Scott Boone
 Date completed: 6-29-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 791
 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>Louis - Barbara Barbara Michel</u>	Latitude: <u>30°44'39" N</u> Longitude: <u>89°43'12" W</u>
Mailing Address: <u>7 White Pine Ln</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lot 91 B</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Poplarville MS 39470</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R
City State Zip Code	Distance _____ Direction _____ of _____ Nearest Town _____
Telephone No. () _____	<u>23</u> Miles <u>W</u> of <u>Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</u>
Date Pump Installed: <u>6-29-16</u>	Setting Depth: <u>146ft</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-29-16</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>97</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>140.25</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>23</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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.

Scott Boone Scott Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Received

AUG 05 2016
 Form: OLWR-SWR-1C (07-09)
 By OLWR