

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: A 277
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 1-6-18

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>PAR Minerals</u>	Latitude: <u>31° 18' 1.6"</u> Longitude: <u>90° 28' 56.1"</u>
Mailing Address: <u>Old Brookhaven Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Summit</u> <u>MS</u> City State Zip Code	<u>SE 1/4 NE 1/4, Sec 22 TAN RTE</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

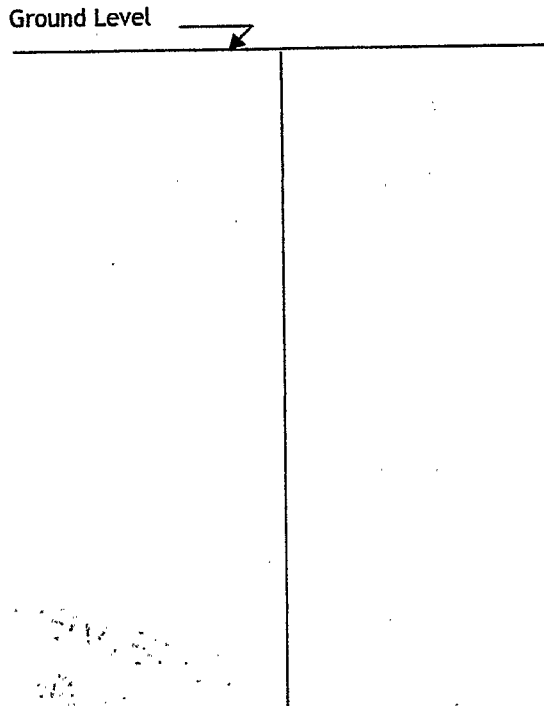
Well / Borehole Data	
Date drilling started: <u>1-6-18</u> Date drilling completed: <u>1-6-18</u> Hole depth: <u>143'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input checked="" type="checkbox"/> Log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>JAN 23 2018</u>	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): <u>Commercial</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30'</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>1-6-18</u> (check one)	
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>143'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>123'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>123'</u> feet to <u>143'</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
If telescoped or more than one screen, describe on next page	

County: PIKE
 Permit #: _____

For Office Use Only:
 Well #: A277

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	
clay	0	20
Sand	20	50
clay	50	100
Sand	100	120
Course Sand	120	143

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) north arrow

Landowner Name: PAR Minerals

I HEREBY 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.

BOB Fitzgerald 1-6-18 Bulfield
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: A277

Aquifer: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 1-6-18
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	Well Location
Owner Name: <u>PAR Minerals</u>	Latitude: <u>31° 18' 1.6"</u> Longitude: <u>90° 28' 56.1"</u>
Mailing Address: <u>Old Bookhaven Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Summit</u> <u>MS</u> City State Zip Code	<u>SE 1/4 NE 1/4, Sec 22 T 4 N R 7 E</u>
Telephone No. (____) _____	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 1-6-18 Rated Pump Capacity: 65 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 100' feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: **RECEIVED**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **JAN 23 2016**

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement **BY OLWR**

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.

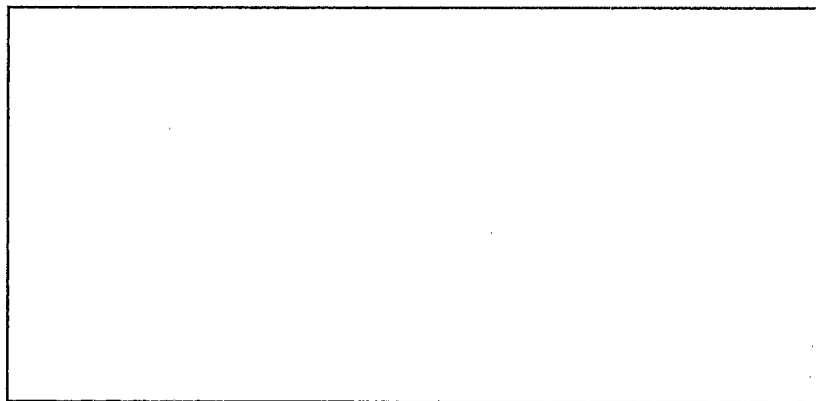
Brad Fitzgerald 029 1-6-18 Paul [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

A277

Google Maps 31°18'01.6"N 90°28'56.1"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°18'01.6"N 90°28'56.1"W

31.300433, -90.482262

RECEIVED

JAN 23 2018

BY OLWR

1 of 1 PAR Minerals

Old Brookhaven Rd,

143-30-100-

20-010

5HP,

1-6-18