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BY OLWR

County: Pike
Permit #:
Driller: James M. Wells
Date drilling completed: 1-18-19

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

For Office Use Only:
Well #: E340
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: George Greer
Mailing Address: 1186 Summit Hollesville Rd.
McComb MS 39649
City State Zip Code
Telephone No. (601) 684-3644

Well or Borehole Location

Latitude: 31° 15.58N Longitude: 90° 26.50W
31° 15' 44.53 90° 26' 21.85
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
NE ¼ - NW ¼, Sec 6 T 3N R 8E
____Miles ____ of ____
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1-18-19 Date drilling completed: 1-18-19 Hole depth: 120 Hole diameter: 7½"
Location of the source of any surface water used for drilling: Running Creek
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (*circle 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 (circle all applicable): (Home) Industrial Public Supply Irrigation Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 20 feet [above or (below)] land surface (*circle one*) Date measured: 1-18-19
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*):
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 100 feet to 120 feet
Type of completion (*circle all applicable*): (Gravel packed) Underreamed 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

County: Pike

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

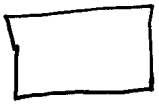
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

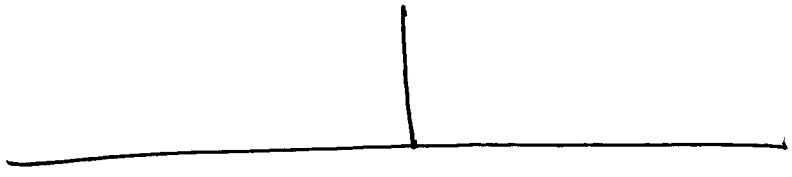
Description of Formations Encountered	From (*depth*)	To (*depth*)
topsoil	Ground level	1
clay	1	10
sand	10	60
sand + gravel	60	120

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

xwell





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Landowner Name: George Carter

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.

James M. Wells 00005889 — Print Name of Responsible Licensee and License No.

3-4-19 — Date

James M. Wells — Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: Pike
Permit #:
Driller: James M. Wells
Date completed: 1-18-19
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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

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For Office Use Only:
Well: 113E340
Aquifer:

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: George Greer
Mailing Address: 11816 Summit Hamlesville Rd.
McComb City MS State 39649 Zip Code
Telephone No. (601 684-3644

Well Location

Latitude: 31°15.58N (31° 15' 43.56") Longitude: 90°26.50W (90° 26' 22.03")
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
NE ¼ NW ¼, Sec 6 T 3N R 8E
____Miles ____ of ____
(Distance) (Direction) (Nearest Town)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): ____
Date Pump Installed: 1-18-19 Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*): ____
Horse Power Rating of Motor: 1 Setting Depth: 80 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 1-18-19 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown [(B) - (A)]: 32 Feet Below Land Surface Test Pumping Rate: 17 Gallons Per Minute
Method of measurement (*circle 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: ____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): ____
Installation Date: ____ Meter installed by: ____
Is This Meter (*circle one*): New Repaired Replacement

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.

James M. Wells 00005889 — Print Name of Pump Installer and License No. (*if applicable*)
3-4-19 — Date
James M. Wells — Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)