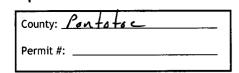
Driller: <u>Scott</u> <u>Itolcomb</u> Date drilling completed: <u>3-3-16</u>	STATE WELL REPORT Part 1 Driller's Log Aississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	For Office Use Only: Well #: Aquifer: E-Log #: the work and filed with the			
Department at the above address with	prepared by the license holder responsible for ain 30 days of completion of drilling of the well	or borehole.			
Well Owner Information (Landowner if borehole is not for a	water well)	ehole Location ngitude: <u>89° 2′5°7′′</u>			
Owner Name: Brian Wall	5	-			
Mailing Address: 2508 Confeo	lerate the	e): Conventional Survey,			
		GPS <u>/</u> , Survey-grade GPS			
Tupelo MS City State		36 195 RJE			
	Miles	of Pontotoc			
Telephone No. $(                                   $	23 (Distance) (Direction)	(Nearest Town)			
Method of dosing and volume of Chlorine Logs run ( <i>circle all applicable</i> ): No log run Name of organization running log(s): Purpose of borehole ( <i>circle one</i> ) Water W Seismic	Geotechnical/Geological Investigation Survey Other ( <i>describe</i> )	ා Other: Ground Source Heat Pump			
If drilling is not relate	d to water well construction, skip the remainde	r of this block			
Purpose of Well (circle all applicable): (Ho		Fish Culture			
	on: Valve Other ( <i>describe</i> )				
Static Water Level: <u>65</u> feet [a	bove or below] land surface Date measure (circle one)	d: <u>3-4-/6</u>			
-	el tape Electric tape Air line Other (describe)				
	pth of: <u>/</u> feet Type of grout ( <i>circle one</i> )				
Casing length: <u>150</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><math>PVC</math></u>					
Screen slot size: . 010 inches	Screen slot size: <u>.010</u> inches Setting depth: From <u>150</u> feet to <u>170</u> 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					

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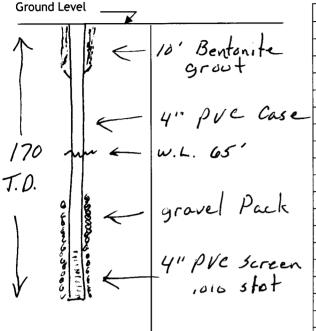
2016



Fo	or Office Use Only:
Well #:	BINZ

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)
Top Clay - Grey	Ground level	17
Red Sand	17	23
Rocky shale	23	50
Black Clay	50	61
silty sand	61	70
Brown Sand	70	74
- Rock + Broken Sand	74	119
sand	119	170

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 well metal Bld. ٥ APR (1 2016 Pasture Land House 2 mi to Pontotoc => Old Hwy G Brian Walls Landowner Name: 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. <u>Scott 170/comb</u> UNR6593 <u>3-20-16</u> Print Name of Responsible Licensee and License No. Date Scott Holco Signature of Licensee

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

County:       Part 2         Permit R:       Purp Traitaller's Completion Report         Mussissippi Department of Endinonmental Quality         Date completes:       3-3-14         Cover information from block on Part I         Depart of the report must be completed by allowned water Resources         Date completes:       3-3-14         Cover information from block on Part I         Office of Land and Water Resources         Date completes:       3-3-14         Cover information       (01) 360-035 (fas)         This part of the report must be completed by allowned water well contracture or allowned pump installer. A copy of Part I         of the report must be completed by allowned water well contracture or allowned water well contracture allowned water well contrelement allowned water well contracture allowned water allowned wa		STATE WELL REPORT	C		
Pailier: S	County: Portotoc		For Office Use Only:		
Differentian       Set 1: 11: 11: 11: 11: 11: 11: 11: 11: 11:	Permit #:		Report The		
Date complete:	Driller: Scott Holcomb	Office of Land and Water Resourc			
Cory information from block on Part 1       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (601)961-5210         (601)961-5210       (501)961-5210         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (502)92         (601)961-5210       (601)961	Date completed: <u>3-3-16</u>		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         Well Owner Information         Owner Name:       Brian Lualls         Mailing Address:	<u>Copy information from block on Part 1</u>	(601)961-5210			
of the report must be attached and both parts filed with the Department of the above address within 30 days of well completion.         Well Owner Information         Owner Name:       Brian (Wall S					
Well Owner Information       Well Location         Owner Name:       Britan Lualls       Latitude: 34 ° /s 22 (Longitude: 86 ° 21 ′ 52 ″         Mailing Address:	This part of the report must be completed of the report must be attached and both p	by a licensed water well contractor or a li arts filed with the Department at the abov	icensed pump installer. A copy of Part 1 e address within 30 days of well completion.		
Mailing Address:					
2508       Canfederate       Auc.         Tupelo       Mis       38801         Tipelo       State       ZipCode         Yelephone No. ((acl.)       Yelebode       Yelebode         Pump Type (circle one)       (Direction)       (Nearest Town)         Submersible       Turbine       All Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):       (Nearest Town)         Date Pump Installed:       3-4-16       Rated Pump Capacity:       (O Gallons Per Minute         Is This Pump (circle one):       New Repaired Replacement       Gallons Per Minute         Power Type (circle one):       New Repaired Replacement       Gallons Per Minute         Power Rating of Motor:       J.44       Setting Depti:       J.20       feet Number of Stages:       Yelebode         Date Well Tested:       3-4-16       Duration of Pump Test (innimum 4 hours):       24       hours         Static Water Level (A):       GS       Feet Below Land Surface       Pumping Nate:       C       Gallons Per Minute         Method of measurement (circle one)       Static tape Electric tape Air line       Other (describe):       Pump Test Data for Flowing Well         Meter Manufacturer:	Owner Name: Brian Walls	Latitude: <u>34°</u> /5	37 Longitude: <u>89° 2′ 57″</u>		
Tupe e/o       Mas       3880/ Zip Code         Telephone No. (lool.)       44.6 · O Lo 23         Pump Type (circle one)       (Direction)         Submersible       Turbine Air Lift         Centry       Pump Type (circle one)         Submersible       Turbine Air Lift         Centry       Reade Pump Capacity:         Date Pump Installed:       3-4-16         Bate Pump Installed:       3-4-16         Date Pump Test Data for Non Flowing Well       Hours Size:         Date Well Tested:       3-4-16         Drawdown [(B)-(A)]: <t< td=""><td>Mailing Address:</td><th>Method of Lat/Long</th><td>(check one): Conventional Survey,</td></t<>	Mailing Address:	Method of Lat/Long	(check one): Conventional Survey,		
Tupe e/o       Mas       3880/ Zip Code         Telephone No. (lool.)       44.6 · O Lo 23         Pump Type (circle one)       (Direction)         Submersible       Turbine Air Lift         Centry       Pump Type (circle one)         Submersible       Turbine Air Lift         Centry       Reade Pump Capacity:         Date Pump Installed:       3-4-16         Bate Pump Installed:       3-4-16         Date Pump Test Data for Non Flowing Well       Hours Size:         Date Well Tested:       3-4-16         Drawdown [(B)-(A)]: <t< td=""><td>2508 Confederate</td><th>Ave. USGS quad Ha</th><td>and-held GPS, Survey-grade GPS</td></t<>	2508 Confederate	Ave. USGS quad Ha	and-held GPS, Survey-grade GPS		
Telephone No. (LOL) 466-0623       Miles Destinance)       Image: Control of the second secon			Y, Sec T R		
Pump Type (circle one)         Submersible       Turbine       Air Lift       Centrifugal       Flowing Well       Jet       Piston       Rotary       Other (describe):		Zip Code 2 Miles W	est of Pontotoc		
Submersible       Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):         Date Pump Installed:       3-4-/6       Rated Pump Capacity:       /0       Gallons Per Minute         Is This Pump (circle one):       New Repaired Replacement       Power Type (circle one)       Electric       Dised Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Telephone No. $(601)$ 966 $\cdot$ 06	(Distance) (Di	irection) (Nearest Town)		
Date Pump Installed:       3-4-1/6       Rated Pump Capacity:       10       Gallons Per Minute         Is This Pump (circle one):       New Repaired Replacement       Power Type (circle one)       Image: Circle one)         Electric       Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):		Pump Type (circle one)			
Is This Pump (circle one): New Repaired Replacement  Power Type (circle one)  Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Submersible) Turbine Air Lift Centrifu	gal Flowing Well Jet Piston Rotary	Other (describe):		
Power Type (circle one)         Electric       Diesel Gasoline Natural Gas       Tractor PTO       Windmill       Other (describe):	Date Pump Installed: 3-4-16	Rated Pump Capacity:	Gallons Per Minute		
Electric       Diesel       Gasoline       Natural Gas       Tractor PTO       Windmill       Other (describe):	Is This Pump (circle one): New Repa	aired Replacement			
Horse Power Rating of Motor: <u>344</u> Setting Depth: <u>120</u> feet Number of Stages: <u>5</u> Pump Test Data for Non Flowing Well         Date Well Tested: <u>3-4-16</u> Duration of Pump Test (minimum 4 hours): <u>24</u> hours         Static Water Level (A): <u>65</u> Feet Below Land Surface Pumping Water Level (B): <u>Feet Below Land Surface</u> Drawdown [(B) - (A)]: <u>Feet Below Land Surface</u> Press Data for Flowing Well         Method of measurement (circle one) (Steel tape) Electric tape Air line Other (describe): <u>Pump Test Data for Flowing Well</u> Measured shut in head: <u>Feet.</u> Pump Test Data for Flowing Well         Measured shut in head: <u>Feet.</u> feet.         Meter Installation         Meter Manufacturer: <u>Meter Installation</u> Meter Model Number/Name: <u>Meter installed by:</u> Installation Date: <u>Meter installed by:</u> 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.         Sc of H <u>UNR (6563</u> <u>3-20-16</u> <u>Signature of Pump Installer</u>		Power Type (circle one)			
Pump Test Data for Non Flowing Well         Date Well Tested:       3-4-16       Duration of Pump Test (minimum 4 hours):       24 hours         Static Water Level (A):       65 Feet Below Land Surface       Pumping Water Level (B):       Feet Below Land Surface         Drawdown [(B) - (A)]:	$\sim$				
Date Well Tested:       3-4-16       Duration of Pump Test (minimum 4 hours):       24 hours         Static Water Level (A):       65 Feet Below Land Surface       Pumping Water Level (B):       Feet Below Land Surface         Drawdown [(B) - (A)]:	Horse Power Rating of Motor: <u>374</u>	Setting Depth: feet	t Number of Stages:		
Static Water Level (A): 65 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface   Drawdown [(B) - (A)]:		Pump Test Data for Non Flowing We	11		
Drawdown [(B) - (A)]:	Date Well Tested: <u>3-4-16</u>	Duration of Pump T	est ( <i>minimum 4 hours</i> ): <u>24</u> hours		
Method of measurement (circle one) (Steel tape) Electric tape       Air line       Other (describe):	Static Water Level (A): <u>65</u> Feet	Below Land Surface Pumping Water Le	evel (B): Feet Below Land Surface		
Pump Test Data for Flowing Well         Measured shut in head:feet.	Drawdown [(B) - (A)]:F	eet Below Land Surface Test Pumping	Rate: Gallons Per Minute		
Measured shut in head:feet.      feet afterhours of pumping         Well yieldedGPM with a drawdown offeet afterhours of pumping	Method of measurement (circle one)	el tape) Electric tape Air line Other (	describe):		
Well yieldedGPM with a drawdown offeet afterhours of pumping         MeterMeter Installation         Meter Manufacturer:         Meter Model Number/Name:         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.         Scoff Holcomb UNR (6593 3-20-116 Area Maleman		Pump Test Data for Flowing Well	······································		
Meter Installation         Meter Manufacturer:	Measured shut in head:feet.		APR (* † 201		
Meter Manufacturer:	Well yieldedGPM with a dr	awdown of feet after	hours of pumping		
Meter Model Number/Name:	Meter Installation				
Meter Model Number/Name:	Meter Manufacturer:	Meter Serial N	umber:		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date:					
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. Scott Holcomb UnR 6593 3-20-16 Just Halcomb Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer					
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.         Scott Holcomb       UnR 6593         3-20-16       Signature of Pump Installer and License No. (if applicable)					
Scott Holcomb UNR 6593 3-20-16 Scott Halconl Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Signature of Pump Installer	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.				
Scott Holcomb UNR 6593 3-20-16 Scott Halconl Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Signature of Pump Installer	I HEREBY CERTIFY that the above statem	ents are true to the best of my knowled	ge.		
Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Signature of Pump Installer					
	Print Name of Pump Installer and License	No. ( <i>if applicable</i> ) Date	Signature of Pump Installer		

orm: Ol	_WR-SWR-1E	3 (4/13