

County: Scott
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 7-20-16

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 #: Ø30
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Lance McLaughlin</u> <u>McCaughn</u> <u>McCaughn</u> Mailing Address: <u>350-2 Blossom Hill Rd.</u> <u>Morton MS 39117</u> City State Zip Code Telephone No. <u>(601) 940-5477</u></p>	<p>Well or Borehole Location Latitude: <u>32.16.39^N</u> Longitude: <u>89.36.01^W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 17 Twn 5 N Rng 7 E</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>POLASKI</u></p>
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Well / Borehole Data

Date drilling started: 7-15-16 Date drilling completed: 7-20-16 Hole depth: 500 Hole diameter: 6

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
 Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): DEQ

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: Poultry

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 7-20-16

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

Well depth: 435 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 415 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 608 inches Setting depth: From _____ feet to _____ 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*

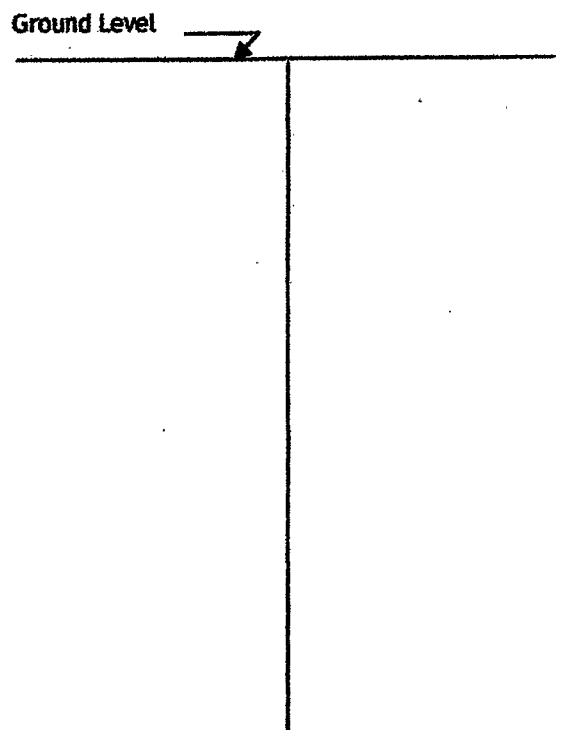
Form: OLWR-SWR-1A(04/08)
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County: _____
 Permit #: _____

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



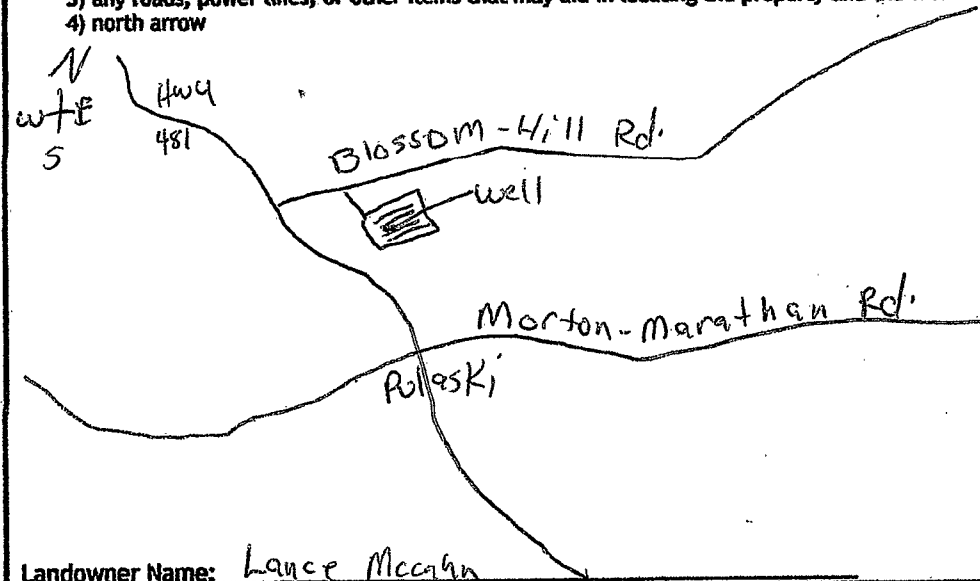
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground level	40
Clay	40	245
Moody's Branch	245	270
Clay	270	340
SAND	340	390
Clay	390	415
SAND	415	475
Clay	475	_____

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



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Landowner Name: Lance McCain

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.

Arnold Fincher Jr 0560 7-20-16
 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)

County: Scott
 Permit #: _____
 Driller: Will Barlow
 Date completed: 7-20-16
Copy information from block on Part 1

For Office Use Only:

Well #: Ø30
 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	Well Location
Owner Name: <u>Lance McCain</u>	Latitude: <u>32 16 38 N</u> Longitude: <u>89 36 01 W</u>
Mailing Address: <u>350-2 Blossom Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Morton</u> MS <u>39117</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SW ¼ NE ¼, Sec 17 T 5N R 7E</u>
Telephone No. (601) <u>940-5477</u>	<u>1</u> Miles <u>N</u> of <u>Pulaski</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 7-20-16 Rated Pump Capacity: 55 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: 5 Setting Depth: 260 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 7-20-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 62 Feet Below Land Surface Pumping Water Level (B): 104 Feet Below Land Surface

Drawdown [(B) - (A)]: 42 Feet Below Land Surface Test Pumping Rate: 60 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

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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.

Arnold Fincher Jr 0-560 7-20-16 [Signature]

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