

County: Sharkey
 Permit #: GW-45159
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 9-7-11

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 #: 747 C263
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>TC & K Holdings LLC</u> Mailing Address: <u>P.O. Box 35</u> <u>Avon</u> <u>Ms.</u> <u>38723</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 58' 22.8"</u> Longitude: <u>90° 45' 34.4"</u> <i>confirmed with aerial photo 2-13-19</i> Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>18</u> Twn <u>13N</u> Rng <u>5W</u> <u>SE</u> <u>NE</u> <u>13</u> <u>06W</u> Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Anguilla</u></p>
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Well / Borehole Data

Date drilling started: 9-7-11 Date drilling completed: 9-7-11 Hole depth: 127 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 74 ^{total} feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 53 ^{total} feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From _____ feet to _____ feet

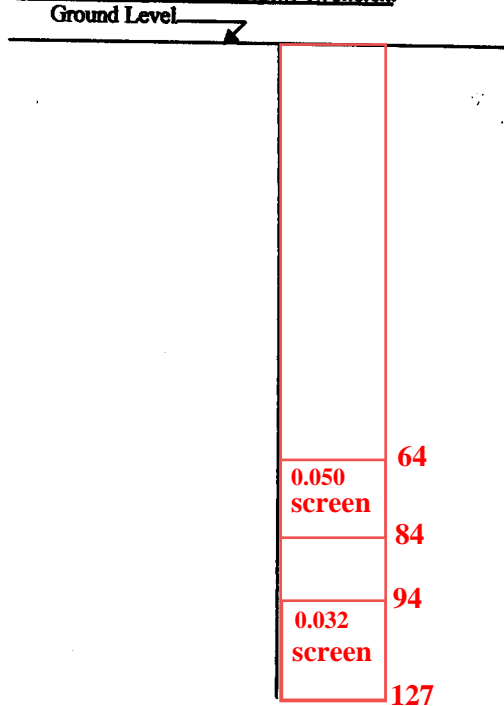
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Pumps have not been set.

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)
Clay	Ground Level	33
Fine Sand	33	41
Fine Sand + Gravel	42	57
Medium Sand + Gravel	58	82
Fine Sand	83	93
Fine Sand + Gravel	94	97
Medium Sand	98	104
Fine Sand + Gravel	105	127
Screen:		
(64 - 84) 20' .050 PVC		
(84 - 94) 10' Blanked		
(94 - 127) 33' .032 PVC		

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) a north arrow.

Landowner Name: T C + K Holdings LLC

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.

Patrick M. Chism 0695 _____ _____

Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Shankey
 Permit #: GW-45159
 Irrigation Equipment
 Driller: _____
 Date completed: 9-7-11
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: D47
 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>TC & K Holdings LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 35</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Avon</u> <u>Ms.</u> <u>38723</u>	<u>SW 1/4 NW 1/4 Sec 18 T13N R 5W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>4</u> Miles <u>E</u> of <u>Anguilla</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>50</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>1800±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ 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.
 Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer