Jamie Dixon Kilgore 21-	7# 1	IVINE E DEDODIT			
County: Smith			For Office Use Only:		
1	Part 1 Driller's Log		well #: 🔍 65		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
Driller: John W Mampson		nd and Water Resources P.O. Box 2309	E-Log #:		
Date drilling completed: 7-16-13		on, MS 39225-2309 601)961-5210			
(601)360-0535 (fax)					
State Law requires that this report b Department at the above address wi	ne prepared by the thin 30 days of co	license holder responsible for to mpletion of drilling of the well c	he work and filed with the or borehole.		
Well Owner Information			hole Location		
(Landowner if borehole is not for a		Latitude: 31°49'07" Lor	ngitude: 8930'92"		
Owner Name: Sklar Explored	1 1	 Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: 401 Edulards st	Sle 1601	USGS quad, Hand-held G	PS . Survey-grade GPS		
Shreveport LA	71101	NE/4 5W 14, Sec_	21 / 10N (152)		
City State	Zip Code	4 Miles W o	f Taylorsville		
Telephone No. ()		(Distance) (Direction)	(Nearest Town)		
	W-II / B	orehole Data			
Date drilling started: 7-16-13 Date of	well / b drilling completed:	7-16-13 Hole depth: 143	Hole diameter: 7		
Location of the source of any surface wa					
Location of the source of any surface wa	ater used for drilli	ig: _cocci _creen	Scaller bleach		
Method of dosing and volume of Chloring	e used in drilling a —	nd development: And ro	garloss bicaer		
Logs run (circle all applicable): No log ru	n Electric Gamr	na Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):					
Purpose of borehole (circle one) Water	Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump		
Seismic	c Survey Other	(describe)			
If drilling is not rela	ted to water well c	onstruction, skip the remainder	of this block		
Purpose of Well (circle all applicable): +	lome Industrial	Public Supply Irrigation	Fish Culture		
Other (describe): Tig Sup	plv				
If a flowing well, method of flow regula		Other (describe)			
		Dand surface Date measure	d: 7-16-13		
Static water Levet:	(circle one)	pland surface Dute measure.			
Method of measurement (circle one): 6t	eel tape Electric	tape Air line Other (describe)	:		
Well depth: 110 Well grouted to a	depth of: 20	feet Type of grout (circle one):	: Neat Cement Bentonite Mix		
0.4	sing diameter:	11	casing: PVC		
Screen length: 20 feet Sc	reen diameter:	inches Type of	screen: <u>PVC SbHed</u>		
Screen slot size:inches	Setting depth		9/0 ₄ 38/2 00 (0)		
Type of completion (circle all applicable		Underreamed Open hole	Natural Developmen		
Other (describe):					
Top of lap pipe or reduction in casing:			DV MINN		
If telesco	ped or more than	one screen, describe on next po	Form: OLWR-SWR-1A (4/13)		

County:Smith		For Office Use Only:			
The sketch below only requ		Description of formations encountered must be provided for all well and boreholes, unless specifically exempted by regulations			
Ground Level		Description of Formations Encountered Clay 4 Sand	From (depth) Ground level	To (depth)	
		sand & pea grave 1	20	80	
		sand	80	115	
		clay	115	143	
,					
If more than one screen, show lo			<u> </u>		
Sketch the property layout and in 1) the well location 2) any permanent structures 3) any roads, power lines, or 4) north arrow	on the property that may aid	in locating the well ocating the property and the well			
	a.				
andowner Name: Skla	r Explorati	a			
HEREBY CERTIFY that the well equirements of the Mississippi applicable, and state laws.	/borehole was drilled, cor Department of Environme	nstructed, and completed in accordanc ntal Quality and the Mississippi Departi	e with all application of Health re	able egulations,	
John W Thompson int Name of Responsible Licer	0-679 8-	6-13 John Nignaturi	Hompo	<u></u>	
	and arecinst no.	Signature	of Licensee	MD 44 (414:	

STATE WELL REPORT

County: Smith

Part 2

Pump Installer's Completion Report

For Office Use Only:					
Well #: (6.5					
Aquifer:					

	tment of Environmental Quality	Well #: (0.5
	and and Water Resources P.O. Box 2309	'
	son, MS 39225-2309	Aquifer:
	(601)961-5210	
(01) 360-0535 (fax)	
This part of the report must be completed by a licensed wat of the report must be attached and both parts filed with the	er well contractor or a licensed pui	np installer. A copy of Part 1 within 30 days of well completion.
Well Owner Information		ocation
Owner Name: Sklar Exploration	Latitude: 31 ° 49'07' Lor	
Mailing Address: 401 Edwards St ste 1601): Conventional Survey,
Shreveport LA 71101	USGS quad, Hand-held G	
7.61	<u>NE 14 SW 14, Sec_</u>	21 T 10 N R 15 W
City State Zip Code	Miles W 0	Taylorville
Telephone No. ()	(Distance) (Direction)	/ (Nearest Town)
Pump T	ype (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	•	scribe):
Date Pump Installed: 7-16-13		
		Gallons 1 Cr Mindle
Is This Pump (circle one): New Repaired Replacem		
	ype (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO W		
Horse Power Rating of Motor: Setting De	pth: <u>& O</u> feet Number	of Stages:
Pump Test Date	a for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minim	um 4 hours): 4 hours
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (R)	42 Feet Below Land Surface
. •		60 Gallons Per Minute
Drawdown [(B) - (A)]: 34 Feet Below Land Su	urface Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one): Steel tape Electric		
Pump Test D	ata for Flowing Well	1
Measured shut in head:feet.		İ
Well yieldedGPM with a drawdown of	feet after	hours of pumping
	r Installation	
Meter Manufacturer:		
Meter Model Number/Name:		•
Totalizer Register Unit and Multiplier Factor (AF \times .001, g	al x 1000, etc):	
Installation Date: Meter installed by	•	
Is This Meter (circle one): New Repaired Replacen	nent	
Important: By submitting the above information you are		lled to manufacturer standaria
For agricultural wells, a list of a	pproved meters is on the MDEQ w	ebsite.
I HEREBY CERTIFY that the above statements are true to	the hest of my knowledge	/ 416.11
John 1.1 Thankson 0-679	Circ best of the infinitements.	1 11.
Jahn 11 Thanson 1-679	8-6-13 VA 1	1 the one Did on

	To agricultum metas, a use of approved metas is on the MDD g measure.	
ſ	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	A I
١		7 4,4
l	John W Thompson 0-679 8-6-13 John W Stompson	RV
I	Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	- 8 m 8

Signature of Purpo Installer
Form: OLWR-SWR-1B (4/13)