

County: Sunflower
 Permit #: GW-49641
 Driller: Joel Jumper
 Date drilling completed: 7-25-17

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 #: B137
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Dog Walk Land Company</u> Mailing Address: <u>5105 Dog Walk Rd</u> <u>Tutwiller</u> <u>Ms</u> <u>38963</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 57' 5"</u> Longitude: <u>90° 28' 25"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 NE 1/4</u> Sec. <u>14</u> Twn <u>24N</u> Rng <u>03W</u> SW Distance <u>3/4</u> Miles Direction <u>SE</u> of Nearest Town <u>Rome</u></p>
---	---

Well / Borehole Data

Date drilling started: 7-25-17 Date drilling completed: 7-25-17 Hole depth: 118 Hole diameter: 28in
 Location of the source of any surface water used for drilling: Nearest well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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, ship the remainder of this block

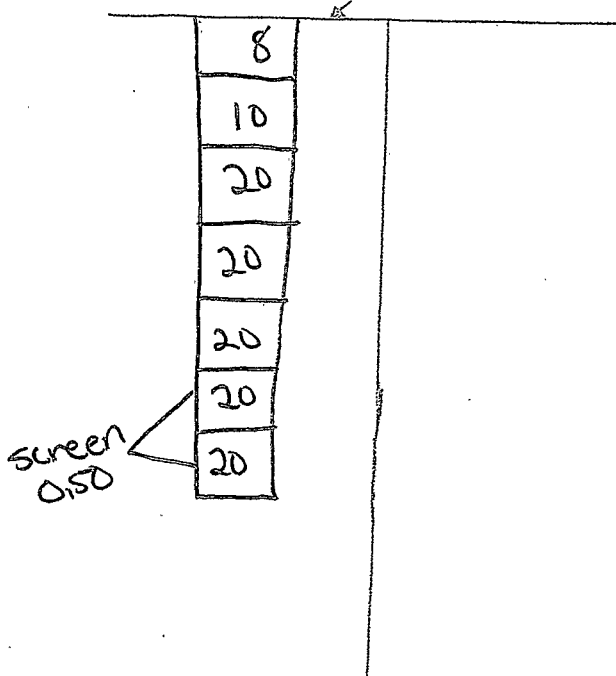
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 43 feet above of below (circle one) land surface Date measured: 7-25-17
 Method of Measurement (circle one) steel taps electric tape air line other: _____
 Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 78 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 78 feet to 118 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*

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level



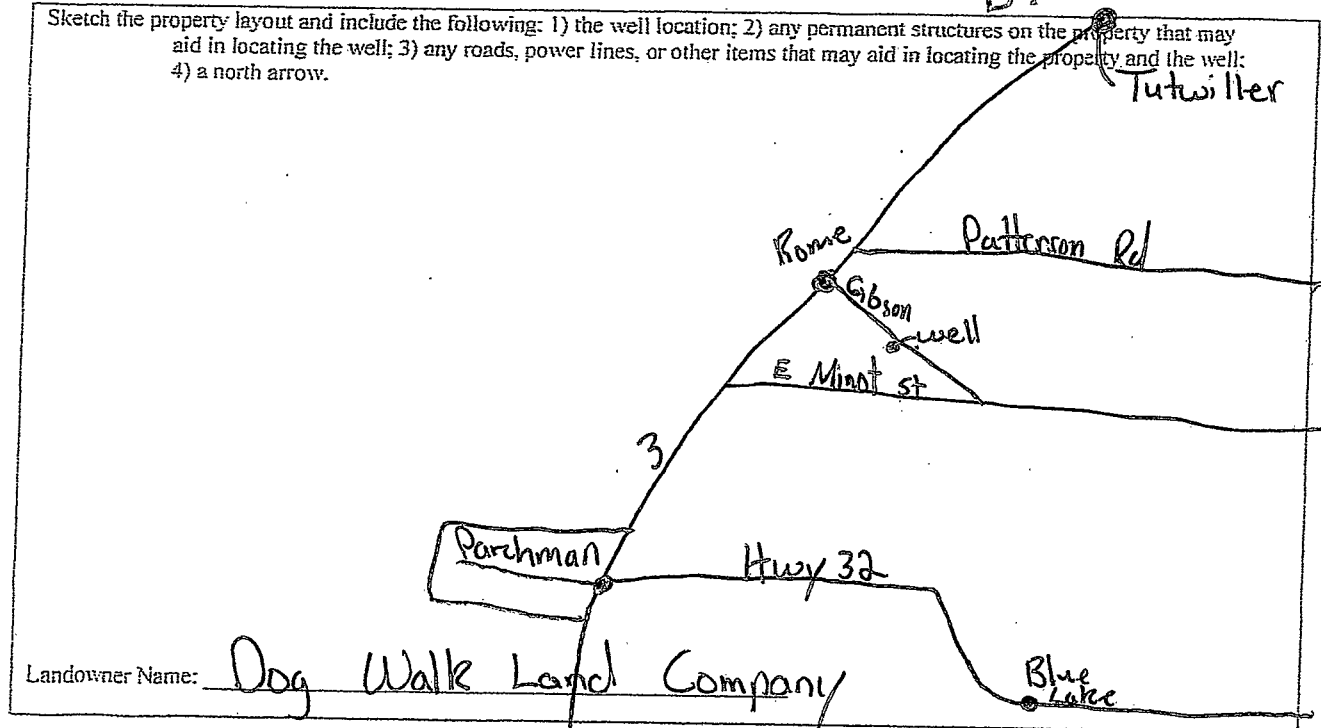
Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	20
Gumbo	20	40
Gumbo	40	60
Course sand	60	80
Course sand	80	100
gravel & sand	100	118

RECEIVED
SEP 07 2017

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

BY OLWR

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: Dog Walk Land Company

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.

Joel Jumper 5317 7-25-17 [Signature]

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
 (601)961-5210
 (601)961-5228 (fax)

County: Sunflower
 Permit #: GW-49641
 Driller: doel dumper
 Date completed: 7-25-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B137
 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>Dog Walk Land Company</u>	Latitude: <u>33-57-5</u> Longitude: <u>90-28-25</u>
Mailing Address: <u>5165 Dog Walk Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tutwiler</u> <u>Ms</u> <u>38963</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>14</u> T <u>24N</u> R <u>03W</u>
Telephone No. () _____	<u>SW</u> Distance Direction Nearest Town
	<u>314</u> Miles <u>SE</u> of <u>Rome</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-25-17</u>	Setting Depth: <u>0 to 70</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-25-17</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2,500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

doel dumper 5317 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer