

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)

County: Sunflower
Permit #: MS 60-44611
Driller: _____
Date drilling completed: _____

For Office Use Only:
Aquifer: _____
Well #: R 246
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>TRANS Fisheries, LLC</u>	Latitude: <u>33° 27' 7.2"</u> Longitude: <u>90° 31' 51.6"</u>
Mailing Address: <u>PO Box 88</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Moorhead MS 38761</u>	<u>NW 1/4 SE 1/4 Sec 05 Twn 18N Rng D3W</u>
City State Zip Code	Distance Direction Nearest Town Miles of
Telephone No. ()	

Well / Borehole Data

Date drilling started: 3/11/14 Date drilling completed: 3/11/14 Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: _____
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, 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: 50 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1032 inches Setting depth: From 80 feet to 120 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)

- 90.531
33.452

APR 16 2014

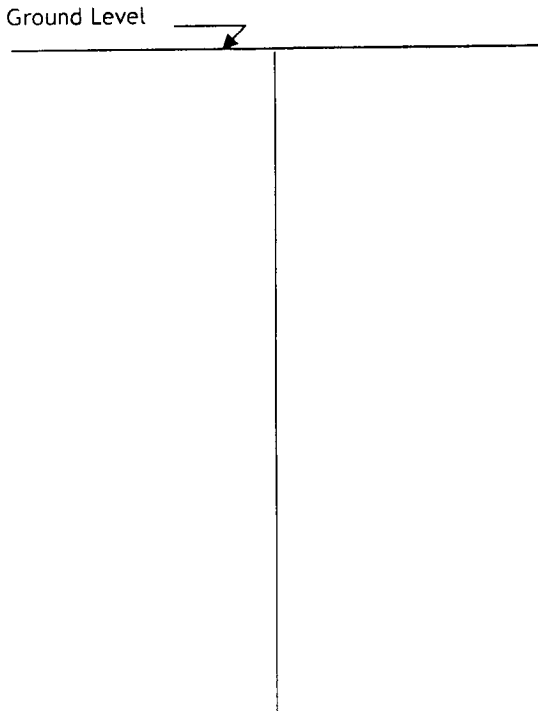
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

County: Sumner
Permit #: MS-GW-44611

For Office Use Only:
Well #: R 246

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

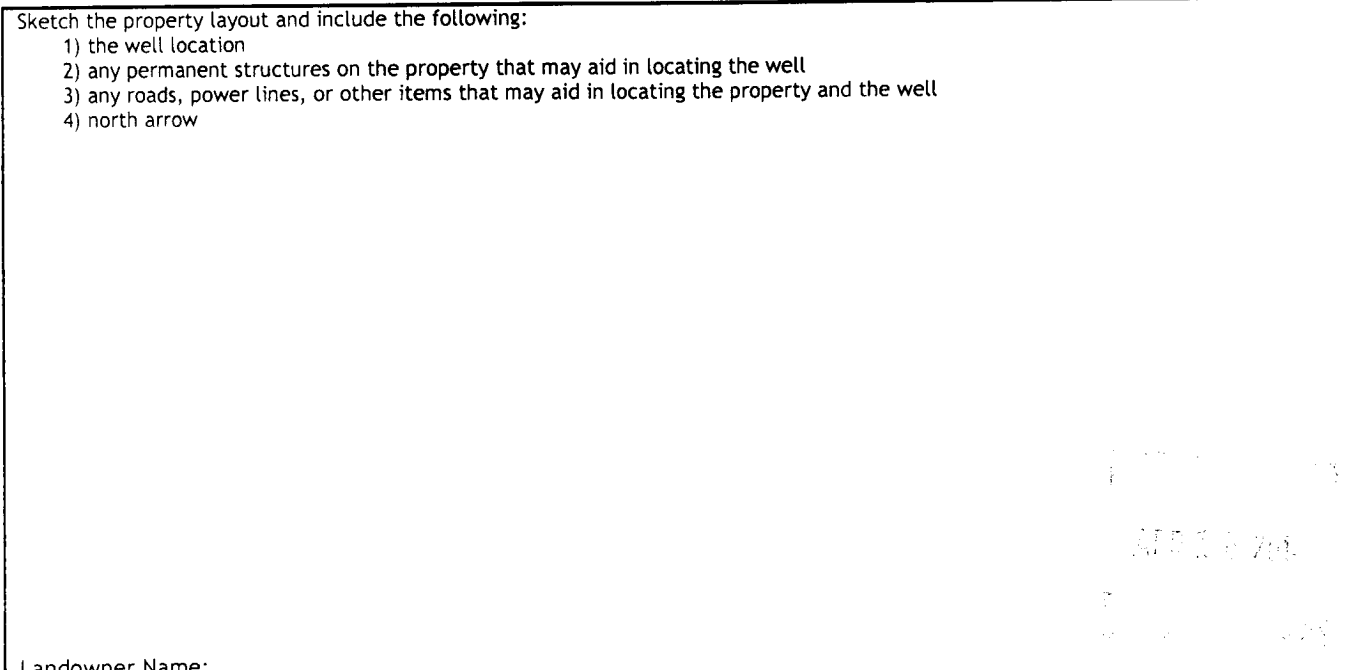
Description of Formations Encountered	From (depth)	To (depth)
<u>Clay</u>	<u>Ground level</u>	<u>30</u>
<u>Fine Sand</u>	<u>30</u>	<u>50</u>
<u>Heavy Sand</u>	<u>50</u>	<u>100</u>
<u>Gravel</u>	<u>100</u>	<u>120</u>

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

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.

Kelly Vest 0432 _____ Kelly Vest
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 #: MS-GU-44611
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R 246
 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>TRANS Fisheries INC</u>	Latitude <u>33° 27' 7.2"</u> Longitude: <u>-90° 31' 51.6"</u>
Mailing Address: <u>LANDOWNER ADDRESS</u> <u>PO Box 88</u> <u>MOORHEAD MS 38761</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 SE 1/4 Sec 05 T18N R034</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>MOORHEAD</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3/12/14</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

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

Kelly West UNL-0452 Kelly West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer