

County: Tallahatchie
 Permit #: MS 6W-4989C
 Driller: TODDY COATS
 Date drilling completed: 7/20/17

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 #: K127
 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>Page Property Holdings LLC</u>	Latitude: <u>33° 55' 33"</u> Longitude: <u>90° 9' 31"</u>
Mailing Address: <u>Same</u>	Method of Lat/Long (circle one): Conventional Survey
<u>PO. Box 488</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Red Bay AL 35582</u>	<u>NE 1/4 NE 1/4 Sec 26 Twn 24N Rng 01E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>10</u> Miles Direction: <u>S</u> of Nearest Town: <u>Tippo</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 7/20/17 Date drilling completed: 7/20/17 Hole depth: 125 Hole diameter: 24

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: SEP 07 2017

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: BY OLWR

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: 30 feet above or below (circle one) land surface Date measured: 7/20/17

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

Well depth: 125 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C

Screen slot size: 035 inches Setting depth: From 85 feet to 20/125 feet

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

Other (describe): _____

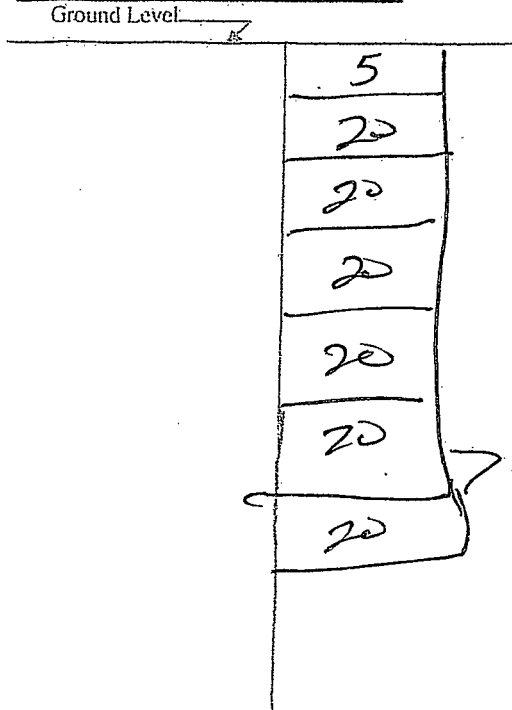
Top of lap pipe or reduction in casing: _____ feet. *if telescoped or more than one screen, describe on next page*

K127

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.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	10
Dirt	10	20
Dirt	20	30
Dirt	30	40
Sand	40	50
Sand	50	60
Coars Sand	60	70
Sand Gravel	70	80
Sand Gravel	80	90
Gravel	90	100
Gravel	100	110
Gravel	110	120
Gravel	120	125

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

SEP 17 2017
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: Page properties Holdings LLC

Form: OLWR-SWR-1A (04/08)

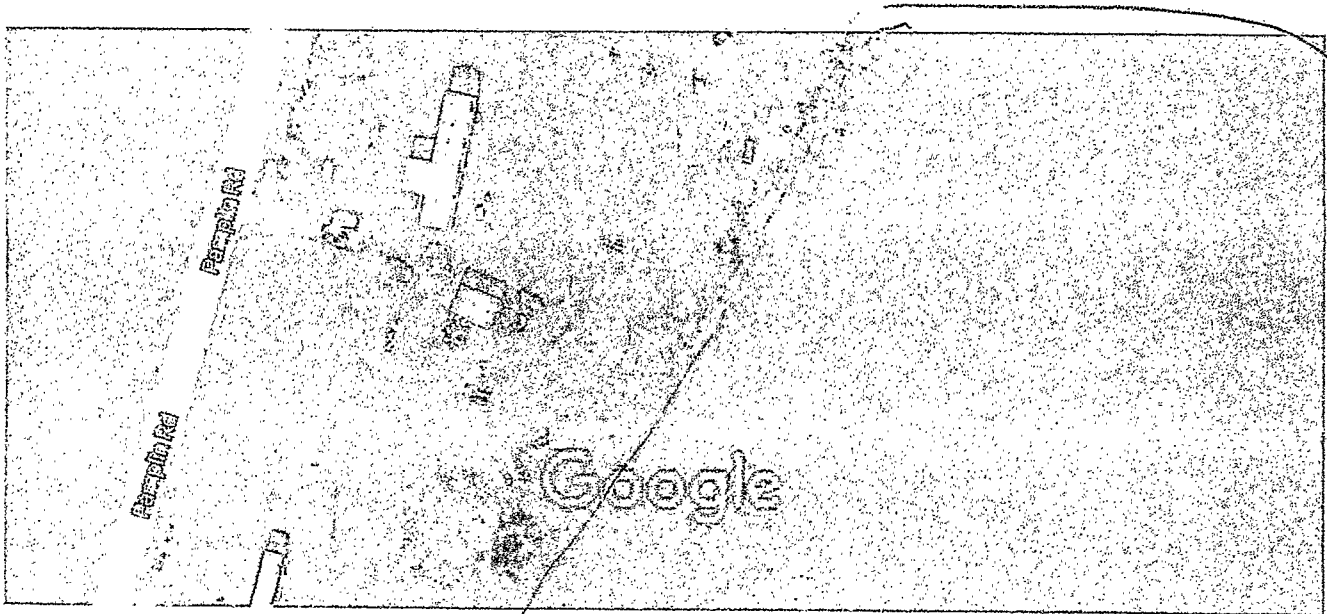
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

TEDDY COATS 5318 7/20/17 Teddy Coats
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

K127

Google Maps

33°55'33.0"N 90°
09'31.0"W



Imagery ©2017 DigitalGlobe, Map data ©2017 Google 50 ft

Tallahatchie Co.

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: Jalbert & CHH
 Permit #: MS 6W-49896
 Driller: TEDDY Coats
 Date completed: 7/20/17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K127
 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>Page Property Holdings LLC</u>	Latitude: <u>33 55 33</u> Longitude: <u>90 9 31</u>
Mailing Address: <u>Same</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 488</u>	USGS quad _____, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Red Bay AL 35582</u>	<u>NE 1/4 NE 1/4 Sec 26 T 24 N R 01 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>10</u> Miles <u>5</u> of <u>Tippo</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine <u>Natural Gas</u>
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 HP</u>
Date Pump Installed: <u>7/20/17</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/20/17</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY Coats #3318 Print Name of Pump Installer and License No. (if applicable)

Teddy Coats Signature of Pump Installer