277

County: Tate

Permit #:

Driller: Jones W. Mason

Date drilling completed: 2-6-19

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: 137C416
Aquifer:
E-Log #:

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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

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Trent Ross.

Mailing Address: 293 Springwood

Coldwater MS 38618
City State Zip Code

Telephone No. (901) 508-6207

Well or Borehole Location

Latitude: 34°44'18.23"N Longitude: 89°51'39.17"W

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS✓, Survey-grade GPS____

SW ¼ NW ¼, Sec 17 T 4S R 6W

2½ Miles NW of Bowman
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 2-6-19 Date drilling completed: 2-6-19 Hole depth: 95' Hole diameter: 7"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm and greater

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

Name of organization running log(s): N/A

Purpose of borehole (*circle 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 (*circle all applicable*): (Home) Industrial Public Supply Irrigation Fish Culture

Other (*describe*):

If a flowing well, method of flow regulation: Valve N/A Other (*describe*)

Static Water Level: 40 feet [above or (below)] land surface (*circle one*) Date measured: 2-6-19

Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): String / weight

Well depth: 95' Well grouted to a depth of: 50 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 75 feet to 95 feet

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

Other (*describe*): N/A

Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

County: _____

Permit #: _____

For Office Use Only:

Well #: C416

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

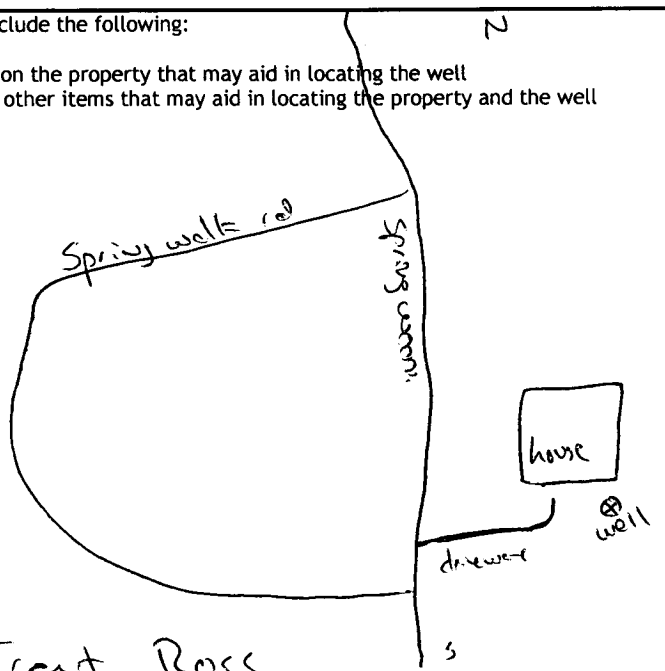
If more than one screen, show location of each on sketch

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 dirt.	Ground level	5
white sand	5	90
Rock	90	92
Blue clay.	92	95

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



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Landowner Name: Trent Ross

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.

Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
Jerry W. Mann 0620	3-4-19	Jerry W. Mann

Form: OLWR-SWR-1A (*4/13*)

STATE WELL REPORT

County: Tate
Permit #:
Driller: James W. Mason
Date completed: 2-6-19
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: 137041b
Aquifer:

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BY OLWR

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

Owner Name: Trent Ross
Mailing Address: 293 Springwood
Coldwater MS 38618
City State Zip Code
Telephone No. (901) 508-6207

Well Location

Latitude: 34°44'18.23"N Longitude: 89°51'39.17"W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS✓, Survey-grade GPS____
SW ¼ NW ¼, Sec 17 T 4S R 6W
2 1/2 Miles (*Distance*) NW (*Direction*) of Bowman (*Nearest Town*)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 2-6-19 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (*circle one*): New Repaired Replacement

Power Type (*circle one*)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*):
Horse Power Rating of Motor: 3/4 Setting Depth: 80 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 2-6-19 Duration of Pump Test (*minimum 4 hours*): 24 hours
Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): String/weight

Pump Test Data for Flowing Well

Measured shut in head: N/A feet.
Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: N/A
Meter Model Number/Name: N/A Type of Meter: N/A
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A
Installation Date: N/A Meter installed by: N/A
Is This Meter (*circle one*): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

James W Mason 0-620 — Print Name of Pump Installer and License No. (*if applicable*)
3-4-19 — Date
James W. Mason — Signature of Pump Installer

Form: OLWR-SWR-1B (*4/13*)