County: Waltham

Permit #:

Driller: Fitzgerald Well Service

Date drilling completed: 9-16-15

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 #: A 162
Aquifer:
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.

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

Owner Name: Chris Naquin

Mailing Address: Holly Hill Rd.

Tylertown MS
City State Zip Code

Telephone No. (____) _____

Well or Borehole Location

Latitude: 31°20'42.3" Longitude: 90°10'24"

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

SW ¼ NW ¼, Sec 2 T 4N R 10E

_____ Miles _____ of _____
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 9-16-15 Date drilling completed: 9-16-15 Hole depth: 120' Hole diameter: 8"

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 (*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 _____ Other (*describe*) _____

Static Water Level: 85' feet [above or below] land surface (*circle one*) Date measured: 9-16-15

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

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

Casing length: 100' 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 100' feet to 120' feet

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

Other (*describe*): _____

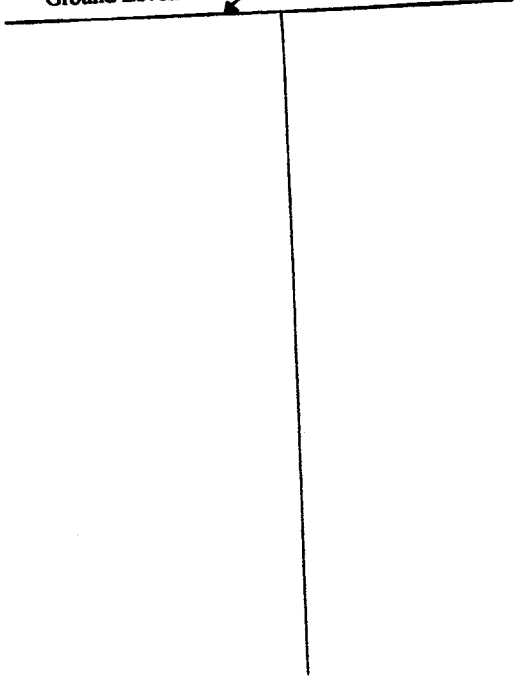
Top of lap pipe or reduction in casing: _____ feet

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

The sketch below only required for water wells

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) Ground Level	To (depth)
Clay	0	20
Sand	20	60
Gravel	60	100
Coarse Sand	100	120

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: Chris Naquin

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.

Brad Fitzgerald 029 — **Print Name of Responsible Licensee and License No.**

9-16-15 — **Date**

Brad Fitzgerald — **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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Walthall
Permit #:
Driller: Fitzgerald Well Service
Date completed: 9-16-15.
Copy information from block on Part 1

For Office Use Only:
Well #: A 162
Aquifer:

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: Chris Naquin
Mailing Address: Holly Hill Rd
Tylertown MS
City State Zip Code
Telephone No. (____) _____

Well Location

Latitude: 31°20'42.3" Longitude: 90°10'24"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
SW ¼ NW ¼, Sec 12 T 4N R 10E
____ Miles ____ of ____
(Distance) (Direction) (Nearest Town)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 9-16-15 Rated Pump Capacity: 20 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: 1 Setting Depth: 110' feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (*minimum 4 hours*): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
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.

SEP 25 2015

Bird Fitzgerald Opr. 9-16-15. [signature]
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

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