#2

K112

County: Walthall
Permit #:
Driller: Fitzgerald Welldrilling
Date drilling completed: 7-22-15

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 #: K112C
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: Allen Patten
Mailing Address: Flowers, Rd
Tylertown MS
City State Zip Code
Telephone No. (____)

Well or Borehole Location
Latitude: 31° 9' 42" Longitude: 90° 0' 25.3"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
SE ¼ SE ¼, Sec 8 T 1N R 2E
____Miles ____ of ____
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data
Date drilling started: 7-22-15 Date drilling completed: 7-22-15 Hole depth: 140' 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

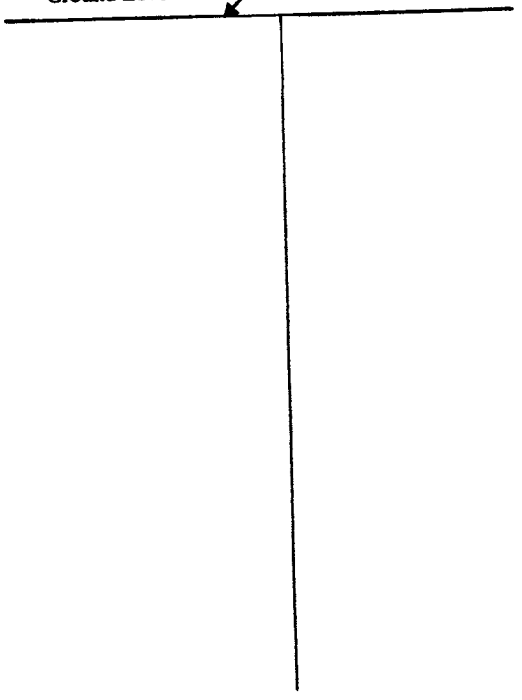
Purpose of Well (*circle all applicable*): Home Industrial Public Supply Irrigation Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 25' feet [above or below] land surface (*circle one*) Date measured: 7-22-15
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (describe):
Well depth: 140' Well grouted to a depth of: 10' feet Type of grout (*circle one*): Neat Cement Bentonite Mix
Casing length: 120' 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 120' feet to 140' 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
clay	20	40
gravel	40	90
clay	90	120
russo sand	120	140

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: Arlen Patten

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.**

7-22-15 — **Date**

Brad Fitzgerald — **Signature of Licensee**

#2

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: Walthall
Permit #:
Driller: Fitzgerald Well Const.
Date completed: 7-22-15
Copy information from block on Part 1

For Office Use Only:
Aquifer: K112
Well #: K110
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
Owner Name: Arlen Patten
Mailing Address: Flowers. Rd
Tylertown MS
City State Zip Code
Telephone No. ( )

Well Location
Latitude: 31° 3' 42" Longitude: 90° 0' 25.3"
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___
___ ¼ ___ ¼ Sec___ T___ R___
Distance ___ Miles Direction ___ of Nearest Town ___

Pump Type (Circle one)
Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 7-22-15
Rated Pump Capacity: 33 Gallons Per Minute

Power Type (Circle one)
Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 3
Setting Depth: 120' feet
Number of Stages:

Pump Test Data
Date Well Tested:
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
Duration of Pump Test (minimum 4 hours): ___ hours

Method of Measuring Water Level (Circle one)
Air Line | Electric Measuring Line | ~~Steel Tape~~
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

This is for (circle one): (New Well) Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Brad Fitzgerald 029.
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)