"Tohn Moore # 3	
145 County: Wayne Permit #: Driller: John Thompson Date drilling completed: 7-9-15 Jack (60)	WELL REPORT Part 1 Driller's Log tment of Environmental Quality and and Water Resources P.O. Box 2309 son, MS 39225-2309 (601)961-5210 D1)360-0535 (fax)
State Law requires that this report be prepared by the Department at the above address within 30 days of colored of the State	e license holder responsible for the work and filed with the ompletion of drilling of the well or borehole. Well or Borehole Location Latitude: $31^{\circ}48^{\circ}15.3^{\circ}$ Longitude: $88^{\circ}52^{\circ}47.0^{\circ}$ Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, $NE_{4}5E_{4}$, Sec_ 27 T_ $10N_{R}9W_{-}$ $5_{Miles}W_{0}$ of $EucuHa_{-}$ (Distance) (Direction) (Nearest Town)
Date drilling started: 7-7-15 Date drilling completed Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling a Logs run (<i>circle all applicable</i>): to log run Electric Gam Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water Wett Geotechn Seismic Survey Other	and development: added <i>Sgallons</i> of bloach ma Ray Density Sonic Neutron Other: nical/Geological Investigation Ground Source Heat Pump (<i>describe</i>)
Purpose of Well (<i>circle all applicable</i>): Home Industrial Other (<i>describe</i>): If a flowing well, method of flow regulation: Valve Static Water Level:feet [above or below (<i>circle one</i>) Method of measurement (<i>circle one</i>): Steel tape Electric	Other (describe) w] land surface Date measured: 7-9-15 tape Air line Other (describe): feet Type of grout (circle one): Neat Cement Bentonite Mix yinches Type of casing: WC Stormed inches Type of screen: WC S
Top of lap pipe or reduction in casing:feet	

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

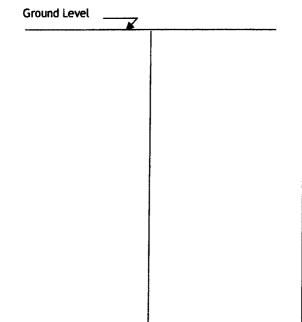
County: Wayne	1
Permit #:	ĺ

A.

	For	Office	Use	Only:	
Well	#:	A 40	0		

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 (<i>depth</i>)	To (depth)
Clay	Ground level	20
/		
blue clay + sand	20	44
•		,
rock	44	55
Clay	55	460
Sand + clay	460	520
clay	520	540
	·	
	 	

Sketch the property layout and include the following:

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

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: D + D

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.

6-15 1 าก 5 mm Print Name of Responsible Licensee and License No. Date Signature of Licensee

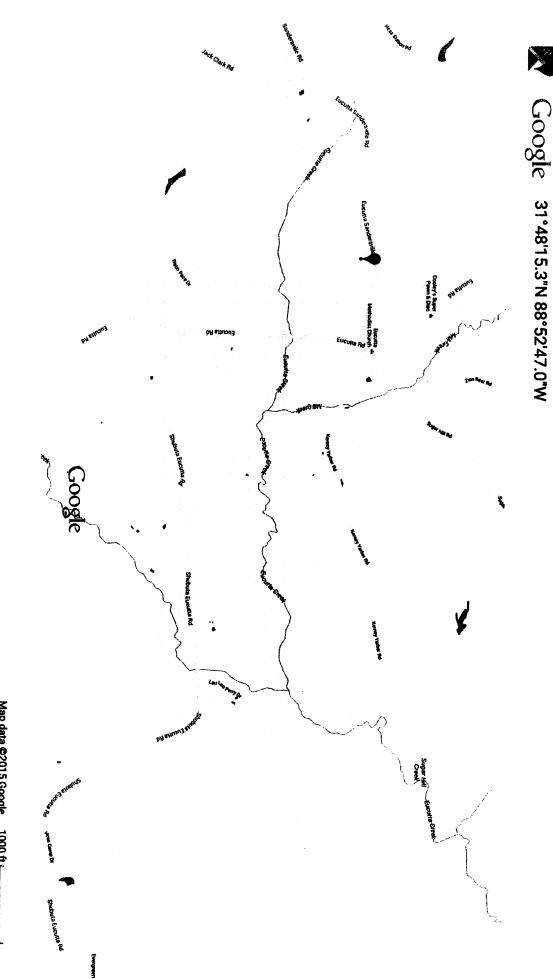
Form: OLWR-SWR-1A (4/13)

	STATE W	'ELL REPORT		
County: Layne		Part 2	For Office Use Only:	
Permit #:	Pump Installer's Completion Report		Well #: <u>A 40</u>	
Driller: John W Thompson	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #: <u>F1 1V</u>	
Date completed: 7-9-15	P O Box 2309		Aquifer:	
Copy information from block on Part 1		on, MS 39225-2309 601)961-5210		
	(601) 360-0535 (fax)			
This part of the report must be completed of the report must be attached and both p	parts filed with the L	epartment at the above address w	within 30 days of well completion.	
Well Owner Informatio			ocation	
Owner Name: D+D Drilling		Latitude: <u>31°48'/5,3``</u> Lon	gitude: <u>88 5297</u>	
Mailing Address: 5610 Hwy 84 W		Method of Lat/Long (check one)	: Conventional Survey,	
Vidalia LA		USGS quad, Hand-held GI	PS, Survey-grade_GPS	
		¼¼, Sec	27 T 10 NR 9W	
City State	Zip Code	5 Miles W of	Eucutta	
Telephone No. ()		(Distance) (Direction)	(Nearest Town)	
	Pump Tvi	e (circle one)		
Submersible) Turbine Air Lift Centrifu			scribe):	
Date Pump Installed: 7-9-15	_			
Is This Pump (circle one): (New)Repa				
is this pump (circle one): (New) Repa		oe (circle one)		
Electric Diesel Gasoline Natural Gas	-	•		
Horse Power Rating of Motor:5		1. A		
Horse Power Rating of Motor:	Setting Dept	h: <u>IWU</u> feet Number	of Stages:	
Date Well Tested: 7-9-15				
Static Water Level (A): <u>100</u> Feet	Below Land Surface	Pumping Water Level (B):	26 Feet Below Land Surface	
Drawdown [(B) - (A)]:26F			50 Gallons Per Minute	
Method of measurement (circle one): Ste				
	Pump Test Dat	a for Flowing Weil		
Measured shut in head:feet.				
Well yieldedGPM with a dra	awdown of	feet_afterI	nours of pumping	
Meter Installation				
Meter Manufacturer:		Meter Serial Number:		
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac		Type of Meter:		
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac	tor (AF x .001, gal	Type of Meter: x 1000, etc):		
Totalizer Register Unit and Multiplier Fac Installation Date: M	tor (AF x .001, gal	Type of Meter: x 1000, etc):		
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: M Is This Meter (<i>circle one</i>): New Repa	tor (AF x .001, gal eter installed by: aired Replacement	Type of Meter: x 1000, etc): nt		
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: M Is This Meter (circle one): New Repair Important: By submitting the above info	tor (AF x .001, gal eter installed by: aired Replacement formation you are cent	Type of Meter: x 1000, etc): nt	ed to manufacturer standards.	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: M Is This Meter (circle one): New Repa Important: By submitting the above info For agricultura	tor (AF x .001, gal eter installed by: _ aired Replacement formation you are cent al wells, a list of app	Type of Meter: x 1000, etc): nt tifying that this meter was install roved meters is on the MDEQ we	ed to manufacturer standards.	
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fac Installation Date: M Is This Meter (circle one): New Repair Important: By submitting the above info	tor (AF x .001, gal eter installed by: _ aired Replacement formation you are cent al wells, a list of app ents are true to the	Type of Meter: x 1000, etc): tifying that this meter was install roved meters is on the MDEQ we best of my knowledge.	ed to manufacturer standards.	

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8/6/2015





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