

well #2

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 9-29-17

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G165
 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 of 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)
 Owner Name: Brandon Burges
 Mailing Address: 335 Boyles Rd
Waynesboro MS
 City: Waynesboro State: MS Zip Code: 39367
 Telephone No.: 601 410 1783

Well or Borehole Location 88-49-11
 Latitude: 31° 42' 46.5" Longitude: 88° 49' 19.0"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 NE NW
NW 1/4 NE 1/4 Sec 32 Twn 9N Rng 8W
 Distance Direction Nearest Town
10 Miles west of Waynesboro

Well / Borehole Data

Date drilling started: 9-28-17 Date drilling completed: 9-29-17 Hole depth: 120' Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 County Lane Dora MS
 Method of dosing and volume of Chlorine used in drilling and development: 102 HIGH PUMP WATER
 Logs run (circle all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____
 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, ship 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: 45' feet above or below (circle one) land surface Date measured: 9-29-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

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: #10 inches Setting depth: From 100' feet to 120' 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*

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Print Name of Responsible Licensee and License No. Paul Moseley 5496
 Date _____
 Signature of Licensee Paul Moseley

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.

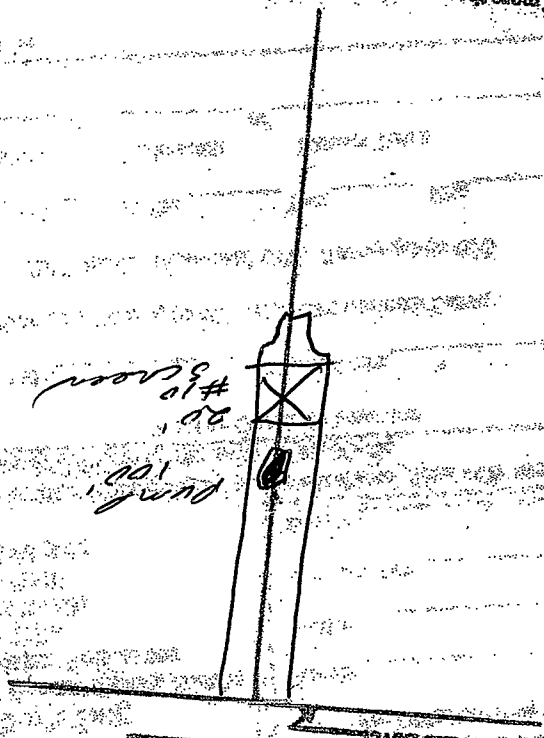
Form: OLR-SVR-1A (04/03)

Landowner Name: _____

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.

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

| From (depth) | To (depth) | Description of Formations Encountered |
|--------------|------------|---------------------------------------|
| 3 | 3 | Ground Level |
| 67 | 67 | Sand |
| 68 | 67 | Clay |
| 68 | 68 | Sand |
| 75 | 68 | Clay |
| 102 | 75 | Sand |
| 102 | 102 | Clay |
| 130 | 102 | Sand |



Description of Formations Encountered

The depth below each screen should be recorded for all wells and boreholes. This information should be recorded for all wells and boreholes.

If well screens are shown, show depths on sketch

The sketch below only recorded for water wells

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)

For Office Use Only:

Aquifer: _____
Well #: G165
Elevation: _____

County: Wayne
Report #: 5496
Driller: Earl Moseley
Date completed: 09-29-17
Copy information from block on Part 1

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 of the above within 30 days of well completion.

Well Owner Information

Owner Name: BRAYAN BURGESS
Mailing Address: 335 Boyles Rd
Waynesboro MS
39367
City State Zip Code
Telephone No. () _____

31-42-28 Well Location 88-49-11
Latitude: 31-42-485 Longitude: 88-49-199
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Horizontal GPS Survey-grade GPS _____
NE NW
NW 1/4 NE 1/4 Sec. 32 T 9N R 8W
Distance Direction Nearest Town
10 miles west of Waynesboro
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Pump Type
Circle one

Air Lift Jet
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 10-10-17
Rated Pump Capacity: 35 Gallons Per Minute

Power Type
Circle one

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Diesel Engine Gasoline Engine
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 2 HP
Setting Depth: 100 feet
Number of Stages: _____

Pump Test Data

Date Well Tested: 10-10-17
Static Water Level (A): 45 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 55 Feet Below Land Surface
Test Pumping Rate: 42 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured what in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Earl Moseley 5496 Earl Moseley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer