| Cou  | inty: Wayne                    |
|------|--------------------------------|
| Pen  | mit#: 5496                     |
| Dril | ler: EARIBUSELLY               |
| Date | e drilling completed: 10-20-15 |

## **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

(601)961- 5210 (601)961-5228 (fax)

| For Office Use Only: |  |  |  |  |
|----------------------|--|--|--|--|
| Aquifer:             |  |  |  |  |
| Well#: <u>P82</u>    |  |  |  |  |
| 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 at the above address within 30 days of completion of drilling of the well or borehole.

| Department at the above address within 50 days of comp  | tetion of urtiting of the well of vorenoie.                |  |  |  |  |
|---|--|--|--|--|--|
| Information on Well Owner   | 3139 11.20 Well or Borehole Location 88 29 6.45            |  |  |  |  |
| (Landowner if borehole is not for a water well)   | 24 20 10 - 54 25   |  |  |  |  |
| a v Tava a Tava   | Latitude: 3/° 37 187 Longitude: 88° 38 355                 |  |  |  |  |
| Owner Name JOHN M. TAYION   |  |  |  |  |  |
| Mailing Address: 39 John Taylon On.   | Method of Lat/Long (circle one): Conventional Survey,      |  |  |  |  |
| Mailing Address: 54 JUHN 14 FIOR UTC  | USGS quad, Hand-held GPS, Survey-grade GPS                 |  |  |  |  |
|   | USUS quad, rand-new ers, survey-grade Grs                  |  |  |  |  |
|   | NE 4NE4 Sec 21 Twn 8N Rng 5N                               |  |  |  |  |
| Wagnes suns ms 3591   | )  |  |  |  |  |
| City State Zip Code   | Distance Direction Nearest Town                            |  |  |  |  |
| ·   | Distance Direction Nearest Town  Miles 6457 of hornes 3000 |  |  |  |  |
| Telephone No. (60) 735 1081   |  |  |  |  |  |
|   |  |  |  |  |  |
| Well / Borel  | hole Data  |  |  |  |  |
| Data deilling started: 10 22 Die deilling communes 10 2   | / Mala damba / / Hala diamatam //                          |  |  |  |  |
| Date drilling started: 10-20-105te drilling completed: 10-21  | 7-29-tote depth: 100 Hote diameter: 7                      |  |  |  |  |
| Location of the source of any surface, water used for drilling: \$27  | Courte late Books As                                       |  |  |  |  |
| Location of the source of any surface water used for drilling: \( \frac{\pm 77}{2} \) Method of dosing and volume of Chlorine used in drilling and development. | opment: 4 07 MTH   |  |  |  |  |
|   |  |  |  |  |  |
| Logs run (circle all applicable): No log run Electric Gamma Ray   | Density Sonic Neutron Other:                               |  |  |  |  |
| Name of organization running log(s):  |  |  |  |  |  |
|   |  |  |  |  |  |
| Purpose of borehole (check one): Water Well Geotechnical/Geolo  | ogical Investigation Ground Source Heat Pump               |  |  |  |  |
| Orientia Company Orlay (1 - 11)   |  |  |  |  |  |
| Seismic Survey Other (describe) If drilling is not related to water well construction   | skin the remainder of this block                           |  |  |  |  |
| if ariting is not retailed to water well construction   | i, skip the remainaer of this block                        |  |  |  |  |
| Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:   |  |  |  |  |  |
| r urpose of well (elicek olio). Hollie industrial 1 done supply 111 gation 113h Culture Other.  |  |  |  |  |  |
| If a flowing well, method of flow regulation: Valve Other (describe)  |  |  |  |  |  |
|   |  |  |  |  |  |
| Static Water Level: 65 feet above or below (circle one) la  | and surface Date measured: 10-21-13                        |  |  |  |  |
|   |  |  |  |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other:   |  |  |  |  |  |
| Well depth: Well grouted to a depth of / feet Type  | of grout (circle one): Neat Cement Bentonite Mix           |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | <del>-</del> -   |  |  |  |  |
| Casing length: feet Casing diameter:  | inches Type of casing:                                     |  |  |  |  |
|   |  |  |  |  |  |
| Screen length: 20 feet Screen diameter: 4"  | _inches Type of screen:                                    |  |  |  |  |
| •   |  |  |  |  |  |
| Screen slot size: # 8 inches Setting depth: From _  | feet to 100 feet   |  |  |  |  |
|   | Telegrand Openhale National Decision                       |  |  |  |  |
| Type of completion (circle all applicable): Ofavel packed Underr  | reamed Telescoped Open hole Natural Development            |  |  |  |  |
| Other (describe)  |  |  |  |  |  |
| Other (describe).   |  |  |  |  |  |
| Top of lap pipe or reduction in casing:feet. If teld  | escoped or more than one screen, describe on next page     |  |  |  |  |
| <u> </u>  |  |  |  |  |  |

Form: OLWR-SWR-1A (04/08)



|   | pump<br>85   |
|---|--------------|
|   | #8<br>5cneer |
|   | 20'          |
| 1 |              |
|   |              |

| Description of Formations Encountered | From (depth) | To (depth)                                       |
|---------------------------------------|--------------|--|
| TOP SOF L                             | Ground Level | 2  |
| Reo SAND                              | 2            | 18   |
| BRAJ CHARIK                           | 18           | 45   |
| Yellow Clay                           | 45           | 45   |
| Kellow Clay                           | 65           | 75   |
| FIM SAND                              | 7.8          | 80   |
| Cour SANO                             | .80          | 100  |
|                                       |              | <del> </del>                                     |
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|                                       |              |  |
|                                       | <u> </u>     |  |

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

| 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. |
|--|
| from waynes sono 60 To Oyess Baiobe No. 2 miles  |
| TO COUNTY LAKE DENHAM RO. ON RT. GO 5 M. 1es   |
| TO CROSS RO TURN LT ON DESHAM PROGRESS GO  |
| 1/2 mile To PAIMER HOllin HESD. ON LT. DGO. 2 miles  |
| TO JOE TAYION ON RT. GO I Mile TO JUAN TAYION  |
| ON LT. GOTOTHE END.  |
|  |
|  |
|  |
| Landowner Name:  |
| 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

|      | _       | ~,,~  |       | m 15 30 1 | 2201.16       |  |
|------|---------|-------|-------|-----------|---------------|--|
| FARI | MUSELLY | 3 476 | 10-21 | 19 Oug    | Moselly       |  |
|      |         |       | D-4-  |           | e of Licensee |  |

Print Name of Responsible Licenseé and License No.

Date

Signature of Licensee

## STATE WELL REPORT

## County: wayne Permit #: 5496 Driller: EAN musely Date completed: 10 - 22-15

## 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

| For Office Use Only: |  |  |  |  |
|----------------------|--|--|--|--|
| Aquifer:             |  |  |  |  |
| well #: 182          |  |  |  |  |
| Elevation:           |  |  |  |  |

| Copy information from block on Part 1 (601)96  | 51-5228 (Iax)   |
|--|---|
| This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of | at the above address within 30 days of well completion. |
| Well Owner Information   | Well Location   |
| Owner Name: JOHN. M. TAYKIN  | Latitude: 31.39.18) Longitude: 89.28.355                |
| Mailing Address: 39 JUHN TAYIVE RO   | Method of Lat/Long (check one): Conventional Survey,    |
|  | USGS quad, Hand-held GPSSurvey-grade GPS                |
| waynes sens no 3936  | NEW NEW Sec 21 T8NR 5W                                  |
| City State Zip Code  | Distance Direction Nearest Town                         |
| Telephone No. (64) 735 1081  | 9 Miles EAST of usynessen                               |
| Pump Type Circle one   | Power Type Circle one                                   |
| Air Lift Jet Submersible   | Diesel Engine Gasoline Engine Natural Gas               |
| Bucket Piston Turbine  | Electric Motor Hand Tractor PTO                         |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify):                               |
| Other (specify):   | Horse Power Rating of Motor:                            |
| Date Pump Installed: 10-32-15  | Setting Depth:feet                                      |
| Rated Pump Capacity:   | Number of Stages:                                       |
| Pump Test Data   | Method of Measuring Water Level                         |
| · _  | Circle one  |
| Date Well Tested: 10-22.15   | Air Line Electric Measuring Line Steel Fape             |
| Static Water Level (A): 5 Feet Below Land Surface  Pumping Water Level (B): 100 Feet Below Land Surface                                | Other (specify):  |
| Drawdown [(B) – (A)]: 35 Feet Below Land Surface   | For flowing well, measured shut in head:feet            |
| Test Pumping Rate: 25 Gallons Per Minute   | Well yieldedGPM with a drawdown of                      |
|  |   |
| Duration of Pump Test (minimum 4 hours): hours   | feet afterhours of pumping                              |
|  |   |
| I HEREBY CERTIFY that the above statements are true to the best  | of my knowledge.  |
| FALL MASSIEN 5496  | East Mosel.   |

| I HEREBY CERTIFY that the above statements are true to the best of | of my knowledge.            | ALCENET                 |
|--|-----------------------------|-------------------------|
| FARI Museley 5496  | Earl Moseley                |                         |
| Print Name of Pump Installer and License No. (if applicable)       | Signature of Pump Installer | <u> </u>                |
| <u> </u>   | Form: C                     | ALIAND CIAND 1D (DAIDS) |