COD A CETS A	VELL DEBODT			
	WELL REPORT Part 1	For Office Use Only:		
County: 4200	riller's Log	Well #: <u>P93</u>		
Permit #: BW - 76010 Mississippi Departn	nent of Environmental Quality	Aquifer:		
Driller: J.NEWCOME 0.773 Office of Lan	nd and Water Resources .O. Box 2309	E-Log #:		
Date drilling completed: 5/6/19 Jackson	n, MS 39225-2309			
(601)961-5210 (601)360-0535 (fax)				
State Law requires that this report be prepared by the Department at the above address within 30 days of cor	license holder responsible for the	he work and filed with the or borehole.		
Well Owner Information	Well or Bore	hole Location		
(Landowner if borehole is not for a water well)	Latitude: 32.42'59" Lor	ngitude: 090° 33' 27"		
Owner Name: Salen LLC				
Mailing Address: 1010 Engle bend Read	Metriod of Each Cong (check only)			
	USGS quad, Hand-held G			
Y9200 (it M5 39194		13 / T 10N R 4W		
City State Zip Code	3_Miles N_	of SATTACTIA		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Date drilling started: Sold Date drilling completed: Sold Hole depth: 102 Hole diameter: 2411 Location of the source of any surface water used for drilling: DTCH Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLET Logs run (circle all applicable) Holog 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 irrivation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet [above or below] land surface Date measured: (circle one)				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix				
Casing length: 30 feet Casing diameter:				
TO IN				
Screen slot size: .050 inches Setting dept	th: Fromfeet	to <u>100</u> feet		

Type of completion (circle all applicable). Gravel packed

Top of lap pipe or reduction in casing: ___

Other (describe):_

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

Natural Development

Open hole

Underreamed

__feet

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

County: Yazoo		For Office Use	Only:	
Permit #: 610-46818	w	ell #: <u>1793</u>		
The sketch below only required for water wells	Description of formations encoun	ntered must be provide	ed for all well	
If well telescopes, show depths on sketch.	and boreholes, unless specifically	exempled by regulati	ions	
Ground Level	Description of Formations Encounter	red From (depth)	To (depth)	
	TOP SOIL	Ground level	10	
 ↑	CLAT FINE SAND STRIP	5 10	35	
	FINE SAND	35	<u>58</u>	
	TAIR SAND	<u>58</u>	77	
10 CA31NG	MEDIUM SAND CUMUSE SAND	- 12	83	
	CLAY	83	76	
1 le CARIAZ	BOTTOM	96	100	
1362		100	102	
			 	
1 つ				
11504				
16"SCPRED			····	
V 10 500000			·	
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 3) any roads, power lines, or other from that may aid	in locating the well			
any roads, power lines, or other items that may aid in life in orth arrow	ocating the property and the well			
Society	\mathcal{M}_{A} ,		ľ	
SEE MAN				

andown and Name				
Landowner Name:		•	1	
HEREBY CERTIFY that the well/borehole was drilled, con equirements of the Mississippi Department of Environmer fapplicable, and state laws.	Structed and complete to			
requirements of the Mississippi Department of Environment fapplicable, and state laws.	ntal Quality and the Mississippi Dena	ince with all applicab	le	
T	1. 4	" CHECK OF HEALTH reg	utations,	
JOHN NEWCOME 0:773 (7	61141 121 12		1	
Print Name of Responsible Licensee and License No.	Date Signature	<u> </u>		
	Signati	ure of Licensee		

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

STATE WELL REPORT

Part 2

County: Yazoo Pump Installer's Completion Report Permit #: (5W - 46818

Date completed: 5/6

Copy information from block on Part 1

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 #: 193		
Aquifer:		

This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part I Department at the above address within 30 days of well completion.
of the report must be attached and both puris free	well contractor or a licensea pump institute. A copy of the second performant at the above address within 30 days of well completion. Well Location
Well Owner Information	Latitude: 32° 42′ 55″ Longitude: 90° 33′ 27″
Owner Name: Solem LLC	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: 1010 Eagle Bend Road	Method of Lat/Long (check one). Conventional Survey
-	USGS quad, Hand-held GPSX_, Survey-grade GPS
Yazao (ity Ms 39194) City State Zip Code	SW 14 NF 14, Sec 13 TION RAW
City State Zip Code	Miles N of Safathy a (Direction) (Nearest Town)
Telephone No. ()	(Distance) (Direction) (
Pump Ty	ype (circle one)
Air lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):
Submersible durpine All Life Centurings.	Rated Pump Capacity: 1500 Gallons Per Minut
Date Pump Installed: 3/6/12	
The Burn (riccle and): New Repaired Replace	Type (circle one)
Electric (Diesel) Gasoline Natural Gas Tractor PTO W	Aindmill Other (describe):
Electric Diesel Gasoline Natural Gas Tractor Flo	epth: 70 feet Number of Stages: 2
Horse Power Rating of Motor: _XC Setting De	ptn
Pump Test Da	ta for Non Flowing Well
Date Well Tested: Not Tested	Duration of Pump Test (minimum 4 hours): hour
L East Polony I and Surfa	ice pumping water tever (5).
Static Water Level (A).	Surface Test Pumping Rate:Gallons Per Minut
Drawdown [(B) - (A)]:	Air line Other (describe):
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
Fully rest	77 / - ()
Measured shut in head:feetfeet.	hours of pumping
Well yieldedGPM with a drawdown of	feet after hours of pumping
Met	ter installation
Meter Manufacturer	Meter Serial Number:
Meter Manufacturer:	P / Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001	gal x 1000, etc):
Totalizer Register Unit and Multiplier Factor (AFX:00)	, s
installation Date: Meter installed	Dy:
Is This Meter (circle one): New Repaired Replan	cement
Important: By submitting the above information you to	are certifying that this meter was installed to manufacturer standard of approved meters is on the MDEQ website.
10/ 48/22	
I HEREBY CERTIFY that the above statements are true	to the best of my knowledge.
1111 Cat day 741.1	2 5/17/14 Hall 8 XX
Hubbard Stephens 741-1 Print Name of Pump Installer and License No. (if appli	icable) Date Signature of Pump Installer Form: OLWR-SWR-18
I fill Hanse or , willy have	FUIII. OLAK-SAIC IE