

County: Clay
 Permit #: _____
 Driller: Claudy Drilling
 Date drilling completed: 1-5-14

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 #: J 163
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Sam Marshall</u>	Latitude: <u>N33° 38' 14"</u> Longitude: <u>W 088° 30' 43"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>229 West Main St</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>West Point MS 39773</u>	<u>5E 1/4 5E 1/4 Sec 33 Twn 16S Rng 7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 295-3860</u>	<u>6 Miles East of West Point</u>

Well / Borehole Data

Date drilling started: 6/9/16 Date drilling completed: 6/10/16 Hole depth: 135 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 16 granular

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/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 (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 6/10/16

Method of Measurement (circle one) (steel tape) electric tape air line other: _____

Well depth: 135 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 69.95 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .016 inches Setting depth: From 95 feet to 135 feet

Type of completion (circle all applicable): Gravel packed Underreamed (Telescoped) Open hole Natural Development
 Other (describe): _____

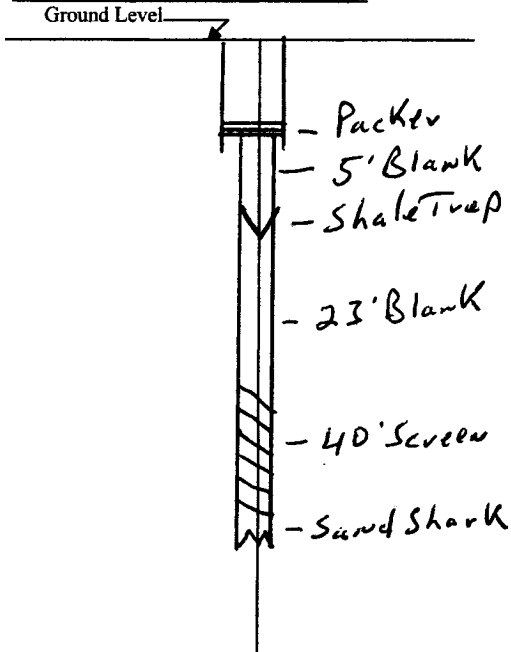
Top of lap pipe or reduction in casing: 5' feet. *If telescoped or more than one screen, describe on next page*

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

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 JUL 06 2016
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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 (depth)	To (depth)
Sandy Red Clay	Ground Level	12
Sandy Gravel	12	22
Sandy Blue Clay	22	55
Clay	55	72
Fine Sandy Clay	72	97
Rocky Sand	97	102
Fine Sand	102	117
Rocky Sand	117	131
Clay	131	135

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.

Landowner Name: Sam Marshall

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.

Donald B. Claudy UNR496 7/5/16

Don Claudy

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Clay
 Permit #: _____
 Driller: Clardy Drilling
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5163
 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	Well Location
Owner Name: <u>Sam Marshall</u>	Latitude: <u>N33°38,144</u> Longitude: <u>W088°30.435</u>
Mailing Address: <u>229 W Main ST.</u> <u>West Point</u> <u>West Point MS 39793</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(662) 295-3860</u>	Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>West Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: _____	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/10/16</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Don Clardy _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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JUL 06 2016

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