

County: MARSHALL 093  
 Permit #: MS-GW-17183  
 Driller: Rodney Tatum  
 Date drilling completed: 12-20-2014

**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 #: A-93  
 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.*

*Location from Permit  
 It could change with aerial photos  
 watch up*

*SPM*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>VOLVO GROUP OF NORTH AMERICA</u>	Latitude: <u>34° 58' 18" N</u> Longitude: <u>89° 35' 28" W</u>
Mailing Address: <u>100 GATEWAY GLOBAL DR</u>	Method of Lat/Long (circle one): <u>USGS quad</u> Hand-held GPS. Survey-grade GPS
City: <u>Byhalia</u> State: <u>MS</u> Zip Code: <u>38611</u>	<u>NW 1/4 SW 1/4 Sec 23 Twn 01S Rng 04W</u>
Telephone No.: <u>(601) 727-5917</u>	Distance: <u>0.72</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Collerville, TN</u>

**Well / Borehole Data**

Date drilling started: 12-19-14 Date drilling completed: 12-20-14 Hole depth: 180' Hole diameter: 8"

Location of the source of any surface water used for drilling: ON site Fire plug  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A  
 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 N/A Other (describe) N/A

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 12-20-14

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

Well depth: 180' Well grouted to a depth of 60' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160' feet Casing diameter: 8" inches Type of casing: PVC SDR 200

Screen length: 20' feet Screen diameter: 8" inches Type of screen: PVC .020 Slotted

Screen slot size: .020 inches Setting depth: From 0 feet to 140' 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*

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

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JAN 16 2015

BY: OLWR

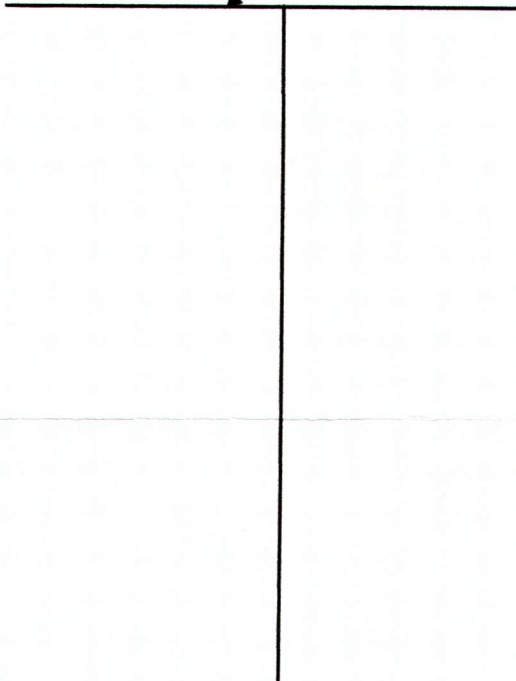
Marshall Co

A-93

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
BROWN Clay	Ground Level	15
Fine Sand	15	90
White Sand	90	180

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: Volvo Group North America

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.

Print Name of Responsible Licensee and License No. GARY Smith UNR-6595

Date 1-12-15

Signature of Licensee Gary Smith

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# 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 #: A93

Elevation: \_\_\_\_\_

County: MARSHALL  
 Permit #: MS-GW-17183  
 Driller: Rodney Tatum  
 Date completed: 12-20-14

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 at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>VOLVO Group of North America</u>	Latitude: <u>34°<sup>53</sup>09'18" <sup>51</sup></u>
Mailing Address: <u>100 Gateway Global</u>	Longitude: <u>89°<sup>35</sup>40'16" <sup>56</sup></u>
<u>Byhalia</u> MS <u>38611</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____
Telephone No. <u>(610) 727-5917</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>23</u> T <u>01S</u> R <u>04W</u>
	Distance <u>6 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Collerville, TN</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20 HP</u>
Date Pump Installed: <u>12-20-14</u>	Setting Depth: <u>140'</u> <del>110'</del> <u>110'</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>12-20-14</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100'</u> 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: <u>300</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

