State Well Report				
County: Marshall Permit #: 0 - 16 2 Driller: Lang Carperte Driller: Lang Carperte State V Part 1 - J Mississippi Departmen Office of Land a P.O. I	Oriller's Log	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
Office of Land	and Water Resources	Well#: \(\sum_{-} 234 \)		
Driller: Lang Carperte P.O. I	Box 10631	Well#:		
7 3 4 9	fS 39289-0631	L. S. Elevation:		
	961-5210			
(601)35	4-6938 (fax)	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		ehole Location		
(Landowner if borehole is not for a water well)	34-55 20	02.55		
Owner Name arleson Homes LLC		' Longitude: 89 37 41 '		
Mailing Address: P. O. Pary 539	Method of Lat/Long (circle one			
	USGS quad, Hand-held (
Holly Jamps ms. 38135 City State Zin Code	SN 4 NE 4 Sec 7			
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. (612) 2 52 - 3561	Miles Koulk o	Nearest Town		
Well / Borehole Data				
Date drilling started: 3-31-69 Date drilling completed: 3-31-69 Hole depth: 1/6 Hole diameter:				
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Yell Chlorine L 1501 Bel. Walt				
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_X Geotechnical/Geolo	gical Investigation Ground S	Source Heat Pump		
Seismic SurveyOther (describe)				
If drilling is not related to water well construction		k		
Purpose of Well (check one): Home _X Industrial _ Public Supply _ Irrigation _ Fish Culture _ Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 30 feet above of below)(circle one) land surface Date measured: 3-369				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: //b 'Well grouted to a depth of /o feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: / 6 o feet Casing diameter: 4 inches Type of casing:				
Screen length: / U feet Screen diameter:				
Screen slot size:, 0 /3inches Setting depth: From		i		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				

Other (describe): _

Top of lap pipe or reduction in casing: _

Form: RECETVED

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

APR 2 8 2009

BY: OLWR

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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)
	Ground Level	
Surper Sail	0	19
med Red Sond	19	35
Fine White Sort	35	70
122	<u> </u>	
Ohite Clay	70	82
9		
Course White Sand	82	1/0
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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.	
2 orll	
Dineway	
Thineway	
We start to	
J. J. J.	
Landowner Name: arderon Home LCC	

Form: OLWR-SWR-1A 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

Print Name of Responsible Licensee and License No.

APR 2 8 2009

BY: OLWR

STATE WELL REPORT

County: Mashall Permit #: 0-162 Driller: Lang Carperte Date completed: 3-3109

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: _	E-234	
Elevation		

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** Latitude: Longitude: Mailing Address: P. o. Bay 539 Method of Lat/Long (check one): Conventional Survey_____, USGS quad , Hand-held GPS , Survey-grade GPS___ Hely Fringe man 38/35 Kity State Zip Code Direction Distance Telephone No. (6/2) 152- 3566 4 Miles Juth of Byfolia **Power Type Pump Type** Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Air Lift Submersible Jet Piston **Turbine** Electric Motor Hand **Tractor PTO** Bucket Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: 3-34 0 9 Rated Pump Capacity: / & Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 3-3/69Steel Tape Electric Measuring Line Air Line Static Water Level (A): 30 Feet Below Land Surface Other (specify): Pumping Water Level (B): 35 Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: ___ / 7 Gallons Per Minute 17 GPM with a drawdown of Well yielded feet after hours of pumping Duration of Pump Test (minimum 4 hours): 4 hours

		MEGEIVED
	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
	LADAL RADOTITED IN	Carperta APR 2 8 2009
	LARRY CARPENTER O.16c Lang	
1	Print Name of Pump Installer and License No. (if applicable) Signatu	ire of Pump Installer
•		EARL OF MERMITTER