r	State Well Report	E. Office Her Onke
County: marshall	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer: E 253
Permit #: 0-163	Office of Land and Water Resources	Well #:
Driller: Jarry Carpenter	P.O. Box 10631	
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: $\frac{8-12-10}{2}$	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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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 data ess winne 50 days of conq				
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	211.57 77			
Owner Name anderson Homen LLC	Latitude: <u>34 °52, '22</u> " Longitude: <u>89 °33.57</u> "			
Mailing Address: P. O. Boy 539	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
11 Ph Sec. 2 2 39/25	<u>NE' 4NE 4 Sec 36 Twn 25 Rng 460</u>			
Helly Springe Mr. 38635 City State Zip Code	Distance Direction Nearest Town Miles Forth of Red Borks			
Telephone No. 662 252. 3500	_212 Miles hout of Iled Boster			
Well / Borehole Data				
Date drilling started: $\frac{g_{-12-10}}{2}$ Date drilling completed: $\frac{g_{-12-10}}{2}$ Hole depth: $\frac{175^{\circ}}{175^{\circ}}$ Hole diameter: $\frac{g_{-12-10}}{2}$				
Logation of the source of any surface water used for dilli-	tiall lists			
Location of the source of any surface water used for drilling: Well Water Method of dosing and volume of Chlorine used in drilling and development: 12 Pd. Chlorine to 10 00 Del. Water				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic SurveyOther (describe)				
If drilling is not related to water well construction	n, skip the remainder of this block			
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: <u>75</u> feet above or below (circle one) land surface Date measured: $9 - 12 - 10$				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: $\frac{175'}{175'}$ Well grouted to a depth of $\frac{10}{10}$ feet Type of grout (circle one). Neat Cement Bentonite Mix				
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: <u>15</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>				
Screen slot size: . 013 inches Setting depth: From feet to feet to				
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 new pipe of the screen describe on the screen de				
	Form: OLAND SWR-12010			

BY: OLWP

F253

The sketch below only required for water wells

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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		To (depth)
September -	Ground Level	
Suface Loit	0	20
med Red Sard	20	42
Web. White Soul	42	78
White Clay	78	120
Fire White Sort	120	140
White Course Sand	140	175

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. harth of Well north Red Barlos R. anderson Homes LbC Landowner Name:

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 perterSEP 1 0 2010 laws.

Larry Carpenter 0-162 8-18-10 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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STATE W	ELL REPORT			
County: Marshalf Permit #: 0 - 162 Driller: Lavy Carpenter Date completed: 8 - 13 - 16 Copy information from block on Part 1 This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information Owner Name: Underson Homes L+C Mailing Address: PO Bay 539	Part 2 "s Completion Report ent of Environmental Quality and Water Resources . Box 10631 MS 39289-0631 1)961-5210 :54-6938 (fax) I contractor or a licensed pump installer. A copy of Part 1 of the			
H <u>olly Springs M5 38635</u> City State Zip Code Telephone No. (663) 252 3500	Distance Direction Nearest Town <u>2¹/2 Miles Morth of Red Banks</u>			
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: 8-13-10	Setting Depth: / 0 0 feet			
Rated Pump Capacity: / 0 Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: $8 - 13 - 10$ Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 12 Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	<u>feet after</u> <u>4</u> hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Larry Carpenter 0-162 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLVIP SWR 18				

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