_	State We	ll Report	
County: Marshell	Part 1 – Dr	-	For Office Use Only:
Permit #: 0-162	Mississippi Department of Office of Land and		Aquifer:O
Driller: Lang Corput	P.O. Bo		Well #: E268
Date drilling completed: <u>9-29-69</u>	Jackson, MS (601)96		L. S. Elevation:
	(601)354-(1	E-log #:
State Law requires that this repor	rt be prepared by the licen	se holder responsible for t	he work and filed with the
Department at the above address Information on Well (
(Landowner if borehole is not f	or a water well)		rehole Location
Owner Name Orderson Hon	n LLC	atitude: <u>34_°56'</u> 21	* Longitude: 8 <u>1°34</u> 11
Mailing Address: P. 6. Rey 51		fethod of Lat/Long (circle on	e): Conventional Survey,
the second secon			GPS, Survey-grade GPS
	28625	NW NE1/ Sec 36	_Twn X Rng 46
Helly Spring 7 City Star	38835		
Telephone No. (62) 252-3	1	Distance Direction	f Red Bosks
A CALIFICATION (CEL) LOCAS			
-	Well / Borehol		<i>(</i> -
Date drilling started: $\frac{7 - 29 \cdot 9}{100}$ Date dri	lling completed: $\frac{2}{2} \cdot \frac{2}{2} \cdot \frac{2}{2} \circ$	7 Hole depth: //Z	Hole diameter:
Location of the source of any surface wate		Vell Water	
Method of dosing and volume of Chlorine	used in drilling and develop	nent: 1/2 P. Chlore	to 1000 Dol. Wa
Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s):	Electric Gamma Ray D	ensity Sonic Neutron (Other:
Purpose of borehole (check one): Water Wa	ell Geotechnical/Geologi	al Investigation Ground	Source Heat Pump
Seismic S	urveyOther (describe)		
If drilling is not related	to water well construction, s	kip the remainder of this blo	ck
Purpose of Well (check one): Home $\underline{\times}$ Ir	dustrial Public Supply	IrrigationFish Culture	Other:
If a flowing well, method of flow regulation	n: Valve Other	(describe)	
Static Water Level: 8 of feet abo			
Method of Measurement (circle one) (ste			
Well depth: $\frac{12}{2}$ Well grouted to a dep			
Casing length: 102 feet Casing			
Screen length: <u>/</u> feet Scree			
Screen slot size: $c 0/3$ inches	/		
Type of completion (circle all applicable):	Gravel packed Underson	ned Telesconed Onen h	ole Nation Development

007	3	Q	2009
OCT	4	<u>_</u>	6000

he sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
<u>well telescopes, show depths on sketch.</u> Ground Level	Description of Formations Encountered	From (depth)	To (depth)	
		Ground Level		
	Surface Sout	0	18	
	ned Ral Sard	18	42	
	Wed White Sand	42	78	
	Julite clas	78	84	
	Cari Id-FS. C	84	112	
	and where Sera			
			-	
		-		

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. House Ú south Rel Barba RI. lesso Homa LLC 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 laws.

Date

LARRY CARPENTER 6-162 10-15-09

Lang Carpeta Signature of Licensee

Print Name of Responsible Licensee and License No.

0CT 2 2 2009

ander i de la construction de la

268

Part 2 Parp lastaller's Completion Report Parp lastaller's Completion Report Parp lastaller's Completion Report Distemption of the completion of favorimonical Quality Distemption of the completion of favorimonical Quality Distemption of the completion of favorimonical Quality Distemption of the completion of favorimonic of favorimonical Quality Distemption of the completion of favorimonic of the completion	~	STATE W	ELL REPORT		
Prime protection Report Well Constructor or a licensed pump installer. A copy of Pert 1 of the report must be attached and both parts filed with the Department of Edwards within 30 days of well completion. Well Constructor or a licensed pump installer. A copy of Pert 1 of the report must be attached and both parts filed with the Department of Edwards. Well Constance Well Con	County Worshall]	Part 2	E. OF EL OI	
Driller Law ($argenter barrier barrie$					
Driller J. Anny (arguestic) Deterministic of the origination from block on Part I Date completed: g_{-2} 2 2 9 Core information from block on Part I Core information from block on Part II This part of the report must be completed by a licensed vater well constructor or a licensed pamp installer. A copy of Part I of the report must be completed by a licensed vater well constructor or a licensed pamp installer. A copy of Part I of the report must be completed by a licensed vater well constructor or a licensed pamp installer. A copy of Part I of the report must be completed by a licensed vater well constructor or a licensed pamp installer. A copy of Part I of the report must be completed by a licensed vater well constructor. Well Owner Information Well Vert I I of the report must be completed by a licensed vater well constructor. Well Owner Information Well Core I I of the report must be completed by a licensed vater well constructor or a licensed pamp installer. A copy of Part I of the report must be advected by a licensed vater well constructor. Well Owner Information Well Vert I I of the report must be completed by a licensed vater well constructor. Well Owner Information Well Completion. Well Owner Information Well Completion. Well Site I I I I I I I I I I I I I I I I I I I	Permit #:6 ~	Mississippi Department of Environmental Quality		Aquifer.	
Jackson, MS 3928-0631 (601)961-5210 Well #:	Driller, Lang Carpenter				
(001)901-9210 (001)901-9210 Core information from black an Part 1 (001)901-9210 This part of the report must be completed by a licensed water well constractor or a licensed pump installer. A copy of Part 1 of the report must be completion. Well Owner Information Well Owner Information Owner Name: Information Well Constractor or a licensed pump installer. A copy of Part 1 of the report must be completion. Well Owner Information Well Owner Information Owner Name: Information Well Contractor or a licensed pump installer. A copy of Part 1 of the report must be completion. Well Completion. 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 Contractor or a licensed pump installer. A copy of Part 1 of the report must be attached well completion. Well Contractor or a license dedress within 30 days of well completion. Well Contractor or All the Department at the above address within 30 days of well completion. Well Contractor or All the Department at the above address within 30 days of well completion. <th colspa<="" td=""><td></td><td></td><td></td><td>Well #: <u>E268</u></td></th>	<td></td> <td></td> <td></td> <td>Well #: <u>E268</u></td>				Well #: <u>E268</u>
Core information from black on Part 1 (001)334-0356 (IRA) 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 disched and both parts filled with the Department at the above address within 30 days of well completion. Well Owner Information Owner Name: $D = D = D = D = D = D = D = D = D = D $	Date completed:	(-,	Flevetion.	
report must be attacked and both parts filed with the Department at the above address within 30 days of vell completion. Well Completion. Well Owner Information Well Owner Information Owner Name: $D = Def of the part of t$	Copy information from block on Part 1	(601)3	54-6938 (fax)		
Well Owner Information Well Location Owner Name: $D = d = d = d = d = d = d = d = d = d = $	This part of the report must be completed b	ry a licensed water wel	l contractor or a licensed pump i	installer. A copy of Part 1 of the	
Momen Name: $D : does on Momen L C$ Latitude: Longitude: Mailing Address: $P : 0 B o f 577 C$ Method of Lat/Long (check one): Conventional Survey_, Mailing Address: $P : 0 B o f 577 C$ Method of Lat/Long (check one): Conventional Survey_, Multiply for first fo					
Mailing Address: $H \circ B_{erry} 5 17 \ell$ Method of Lat/Long (check one): Conventional Survey_, Image: State for the state of the state for the state of the st	^		We	H Location	
USGS quad, Hand-held GPS, Survey-grade GPS	Owner Name: Orderson Ho	ner LLC	Latitude:	_Longitude:	
HellGammaHellHellHellCityStateZip CodeTelephone No. 662 $2 \le 2 = 3 \le a$ Pump Type Circle one $1 \le 2 = 3 \le a$ Pump Type Circle one $1 \le 2 = 3 \le a$ BucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Mailing Address: R.O Bay 517	٢	Method of Lat/Long (check or	ne): Conventional Survey,	
Telephone No. $(6/2)$ $2 \le 7 = 3 \le 6 \le 6$ Distance Direction Nearest Town Telephone No. $(6/2)$ $2 \le 7 = 3 \le 6 \le 6$ $1 \le 7 = 3 \le 6 \le 6$ $1 \le 7 = 3 \le 6 \le 6$ Pump Type Circle one Power Type Circle one Disection for the constant of the			USGS quad, Hand-held	GPS, Survey-grade GPS	
DistanceDirectionNearest TownTelephone No. 662 $2 - 3 - 5 - 6$ Pump Type Circle oneDirectionNearest TownIdeal BarkPump Type Circle oneCircle oneAir LiftJetSubmersibleBucketPistonTurbineElectric MotorHandTractor PTOCentrifugalRotaryFlowing WellWindmillOther (specify):Other (specify):Pump Test DataMethod of Measuring Water LevelCircle onePump Test DataMethod of Measuring Water LevelCircle oneAir LineSleel TapeOther (specify):Pump Test DataMethod of Measuring Water LevelCircle oneAir LineElectric Measuring Water LevelCircle oneAir LineSleel TapeOther (specify):Pump Test DataMethod of Measuring Water LevelCircle oneAir LineElectric Measuring LineSteel TapeOther (specify): <tr< td=""><td>Helly Springe Mo.</td><td>38635 Zin Code</td><td>¼¼ Sec_3</td><td>6 T 15 R 4 W</td></tr<>	Helly Springe Mo.	38635 Zin Code	¼¼ Sec_3	6 T 15 R 4 W	
Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):		The cone	Distance Direction	Nearest Town	
Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	Telephone No. (662) 257-3.	588	1/2 Miles Zorth o	5 Red Barks	
Circle oneCircle oneAir LiftJetSubmersibleBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):					
Circle oneCircle oneAir LiftJetSubmersibleBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Pump Type		Po	wer Type	
Bucket Piston Turbine Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify):					
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasolir	ne Engine Natural Gas	
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Date Pump Installed: 7 2 7 Setting Depth: 1000 feet Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: 11 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 9 2 9 7 Static Water Level (A): 8 0 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify):	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Date Pump Installed: 7 2 7 Setting Depth: 1000 feet Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: 11 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 9 2 9 7 Static Water Level (A): 8 0 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify): Other (specify): Other (specify): feet Test Pumping Rate: 17 Gallons Per Minute Well yielded 17 GPM with a drawdown of	Other (specify):	· · · · · · · · · · · · · · · · · · ·	Horse Power Rating of Motor		
Pump Test Data Method of Measuring Water Level Date Well Tested: <u>7 2 9 5 7</u> Static Water Level (A): <u>8 0</u> Feet Below Land Surface Pumping Water Level (B): <u>8 5</u> Feet Below Land Surface Drawdown [(B) – (A)]: <u>5 Feet Below Land Surface</u> Feet Below Land Surface Drawdown [(B) – (A)]: <u>5 Feet Below Land Surface</u> For flowing well, measured shut in head: <u>feet</u> <u>6 cet Well yielded</u> <u>7 GPM</u> Well yielded <u>7 GPM</u> <u>7 GPM</u>	Date Pump Installed: <u>7 2 9 0</u>	7			
Date Well Tested: 9 29 57 Static Water Level (A): 8 0 Feet Below Land Surface Pumping Water Level (B): 8 5 Feet Below Land Surface Drawdown [(B) - (A)]: 5 Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: 17 Gallons Per Minute	Rated Pump Capacity: 2 0	Gallons Per Minute	Number of Stages://		
Date Well Tested: 7. 2 9. 5 7 Static Water Level (A): 8 0 Feet Below Land Surface Pumping Water Level (B): 8 5 Feet Below Land Surface Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute Well yielded Vell yielded 7	Pump Test Data		Method of Me	asuring Water Level	
Static Water Level (A): ⁸ O ⁰ Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B): S - Feet Below Land Surface Other (specify): Other (specify): Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: / / GPM with a drawdown of	Date Well Tested: 9-29-5	7	Ci	ircle one	
Pumping Water Level (B): 8 - 5 Feet Below Land Surface Other (specify):			Air Line Electric Mea	suring Line Steel Tape	
Drawdown [(B) - (A)]:			Other (specify):		
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of			For flowing well, measured sh	ut in head: feet	
	Duration of Pump Test (minimum 4 hours): _	4 hours			
		··· · · · · · · · · · · · · · · · · ·			

Form: OLWR-SWR-18