County: Marshall	State Well Report Part 1 – Driller's Log	For Office Use Only:	
county:	Mississippi Department of Environmental Quality	Aquifer:	
Permit #: 6 2	Office of Land and Water Resources	K99	
Par Proster	P.O. Box 10631	Well #:	
Driller: Lang Capperter	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 8-25-07	(601)961-5210		
	(601)354-6938 (fax)	E-log #:	

1.

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 address within 50 days of comp				
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: <u>34 • 49 · 50</u> " Longitude: <u>89 • 33 · 26</u> "			
Owner Name_ Clayton Homa	Mat 1 GL (II - (internet) Converting 1 Surgery			
Mailing Address: P.o. Bay 615	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Com ma 38619	NE 1/4 NW 1/4 Sec 18 Twn 35 Rng 36			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (62) 526_9200	12 Miles Est of Red Barbar			
Telephone No. (64) 3 2 - 720	A MERICAN ALL REPORTS AND A MERICAN AND A			
Well / Bore	hole Data			
Date drilling started: 8-25-09 Date drilling completed: 8-25-0				
Location of the source of any surface water used for drilling:	ell Water			
Location of the source of any surface water used for drilling:	opment: Yorko chlorine to 1000 Del Water			
Logs run (circle all applicable)/ No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well K Geotechnical/Geole	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe				
If drilling is not related to water well construction				
Purpose of Well (check one): Home <u>X</u> Industrial Public Supply				
If a flowing well, method of flow regulation: Valve O	ther (describe)			
Static Water Level: 170 feet above or below (circle one) I	and surface Date measured: 0-20-07			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: $22\sigma'$ Well grouted to a depth of $1\sigma$ feet Type	of grout (circle one) Neat Cement Bentonite Mix			
Casing length: 200 feet Casing diameter: 4	_inches Type of casing:			
Screen length: <u>20</u> feet Screen diameter: <u>9</u>	_inches Type of screen:PVC			
Screen slot size: inches Setting depth: From	200 feet to 220 feet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next page			
	Forn QLWR-SVR-1A			

SEP 2 4 2009 BY: OLWR

K99

<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level\_

2	Description of Formations Encountered		To (depth)
	6151	Ground Level	
	Sufare Dail	0	21
	ned Red Sart	21	45
	med. White Sort	45	90
	white clay	90	110
	the cloy	110	165
	net. White Sond	165	190
이 말 같은 것 같아.	Crasse White Sout	190	220

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. RO Clayton Hones 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 Health regulations, if applicable, and state ED laws.

LARRY CARPENTER alle 8-25-09 Kang

24**200**9 Signature of Licensee

STATE WELL REPORT						
County: Marshall		Part 2	Г	Ear Off	Line Orbu	
Permit #:6	Pump Installer's Completion Report Mississippi Department of Environmental Quality			For One	e Use Only:	
Driller: Long Carpenter	Office of Land	and Water Resource		Aquiter.		
Date completed: 8-25-07	P.O. Box 10631 Jackson, MS 39289-0631			Well #:K	99	
	(601)961-5210 (601)354-6938 (fax)			Elevation:		
Copy information from block on Part 1		L				
This part of the report must be completed report must be attached and both parts file	by a licensed water well ed with the Department (	contractor or a lices at the above address	nsed pump ins within 30 day	taller. A copy of the second s	of Part 1 of the etion	
Well Owner Informat	tion	Well Location				
Owner Name: Clayton Hon	201-	Latitude: 34-4	<u>9-50</u> 1	Longitude: <u>80</u>	-33:26	
Mailing Address: P. a. Boy 619		Method of Lat/Long (check one): Conventional Survey,				
		USGS quad	Hand-held G	PS, Survey	-grade GPS	
Com m. City State	NE 4 NW 4 Sec /8 T 35 R 3 W					
	sip cour	Distance	Direction	Nearest Tow	n	
Telephone No. <u>(62)</u> 526 - 7	1/2 Miles East of Red Bosks					
Pump Type	······	1	Powe	er Type		
Circle one				le 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 (sp	ecify):		
Other (specify):	PAGA 19	Horse Power Ratin	ng of Motor:	3/4		
Date Pump Installed: 8-250	9	Setting Depth:	19	<b>ð</b> f	eet	
Rated Pump Capacity: 12	Gallons Per Minute	Number of Stages	/(			
Pump Test Data		Me	thod of Meas	uring Water La	vel	
Date Well Tested: 8-25-09	2			le one		
		Air Line E	lectric Measu	ring Line	Steel Tape	
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		Other (specify):	<b></b>			
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, 1	neasured shut	in head:	feet	
Test Pumping Rate: / 5(	Gallons Per Minute	Well yielded	15 0	GPM with a dra	wdown of	
Duration of Pump Test (minimum 4 hours):	<u> </u>		feet after	<u> </u>	s of pumping	
I HEREBY CERTIFY that the above stateme	ents are true to the best of	f my knowledge				
		Lang	1	. 1	RECEIVE	
LANRY CARPENTER Print Name of Pump Installer and License No.	o. (if applicable)	Signature	of Pump Insta	ller	SEP 2 4 2000	

## SEP 2 4 2009 Form: OLWR-SWR-1809 **BY: OLWR**

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