| State Well Report   |  |                                  |  |  |
|---|--|----------------------------------|--|--|
|   | Driller's Log  | For Office Use Only:             |  |  |
| Minimini  | ent of Environmental Quality   | Aquifer:                         |  |  |
| Permit #: 0162  Driller: Long Cargacter  Office of Land P.O.  | and Water Resources  | <b>A</b> : 0                     |  |  |
| Driller: Long Carpetter P.O.  | Box 10631  | Well#: 964                       |  |  |
| Jackson,  | MS 39289-0631  | L. S. Elevation:                 |  |  |
|   | 1)961-5210   | S. S. Dievation.                 |  |  |
| (601)3  | 54-6938 (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   |  | rehole Location                  |  |  |
| (Landowner if borehole is not for a water well)   | 340 60.36  | 2 2 4/                           |  |  |
| Owner Name Keith alkinge  | Latitude: 34° 37°, 224   | " Longitude: <u>87° 37' 140"</u> |  |  |
| Owner Name Keith alkilye Mailing Address: 674 Yorbrough Chopel P.O.   | Kerth alliege Latitude: 34° 59. 264  Hethod of Lat/Long (circle one) |                                  |  |  |
|   | USGS quad Hand-held  |                                  |  |  |
| Holly Springe, Mrs. 38635<br>City State Zip Code  | SW 45W 4 Sec 32  | Twn 45 Rng 3W                    |  |  |
| City State Zip Code   | Distance Direction   | Nearest Town                     |  |  |
| Telephone No. (62) 551 - 7935   | Distance Direction  Miles S W  | of Holly Springe                 |  |  |
| 100 phone 140. (222) 33/2//33   |  |                                  |  |  |
| Well / Bore   | hole Data  |                                  |  |  |
|   |  |                                  |  |  |
| Date drilling started: 3-30-/3 Date drilling completed: 3-36  |  |                                  |  |  |
| Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:   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:  |  |                                  |  |  |
| Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump   |  |                                  |  |  |
| Seismic Survey Other (describe  | ,  | ł                                |  |  |
| If drilling is not related to water well construction   | )<br>n. Skin the remainder of this bloc                              | · b                              |  |  |
| Purpose of Well (check one): Home Industrial Public Supply  |  |                                  |  |  |
| If a flowing well, method of flow regulation: Valve Other (describe)  |  |                                  |  |  |
| Static Water Level: 106 feet above on below (circle one) land surface Date measured: 3-36-13  |  |                                  |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other:   |  |                                  |  |  |
| Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Weat Cement Bentonite Mix  |  |                                  |  |  |
| Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC   |  |                                  |  |  |
| Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC  |  |                                  |  |  |
| Screen slot size: .0/3 inches Setting depth: From /30 feet to /40 feet  |  |                                  |  |  |
| Type of completion (circle all applicable): Fravel 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 APR 25 2013

If well telescopes, show depths on sketch. Ground LevelDescription 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 |            |
| Supore Soil                           | 0            | 16         |
| mel. Het Sort                         | 1            | 38         |
| ner, let sort                         | 16           | 00         |
| net. White Int                        | 38           | 70         |
| White Clay                            | 70           | 85         |
| ned. White Sort                       |              | , , ,      |
| net. While sort                       | 85           | 110        |
| White Coarse Soul                     | 110          | 140        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       | +            |            |
|                                       |              |            |
|                                       |              | ļ          |
|                                       |              |            |
|                                       |              |            |

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.  Lipself  Thouse  Label Rl. |
|--|
| Landowner Name: Keith Oldridge  Form: OL WR-SW/P-14  |

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 sta Darry Corpenter #0-162 4-5-13

Print Name of Responsible Licensee and License No.

# County: Marshalf Permit #: 0-16 2 Date completed: Copy information from block on Part 1

### STATE WELL REPORT

## 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 #: 764          |   |
| Elevation:           | - |

| 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: Keith aldridge   | Latitude: 34 57, 264 Longitude: 89 31, 140           |  |  |
| Mailing Address: 674 Yarbough Chapel Rd  | Method of Lat/Long (check one): Conventional Survey, |  |  |
| . 1  | USGS quad, Hand-held GPS, Survey-grade GPS           |  |  |
| Holly Spring, MS 38635 City State Zin Code   | ¼¼ Sec <u>32</u> T <u>45</u> R <u>3</u> W            |  |  |
| ony s share Exp code   | Distance Direction Nearest Town                      |  |  |
| Telephone No. (663, 551-7935   | 6 Miles SW of Holly Spring                           |  |  |
| Pump Type  | Power Type   |  |  |
| Circle one   | 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: $3 - 30 - 13$   | Setting Depth: /2 o feet                             |  |  |
| Rated Pump Capacity: Gallons Per Minute  | Number of Stages:                                    |  |  |
| Pump Test Data   | Method of Measuring Water Level                      |  |  |
| Date Well Tested: 3-30-/3  | Circle one   |  |  |
| Static Water Level (A): / 6 6 Feet Below Land Surface  | Air Line Electric Measuring Line Steel Tape          |  |  |
| Pumping Water Level (B): 108 Feet Below Land Surface   | Other (specify):                                     |  |  |
| Drawdown [(B) - (A)]: Feet Below Land Surface  | For flowing well, measured shut in head:feet         |  |  |
| Test Pumping Rate:   | Well yielded/ S GPM_ with a drawdown of              |  |  |
| Duration of Pump Test (minimum 4 hours):hours  | S feet after Hours of pumping                        |  |  |
|  |  |  |  |

| I HEREBY CERTIFY that the above statements are true to the best of Larry Carpenter #0-162 | Lang Carpenter              | RECEIVED             |
|---|-----------------------------|----------------------|
| Print Name of Pump Installer and License No. (if applicable)                              | Signature of Pump Installer | ADD 0 5 2010         |
|   |                             | Form, Al Working Vo. |