

County: Quitman
 Permit #: MS 6W-49989
 Driller: TEDDY COATS
 Date drilling completed: 7/16/17

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: M75
 L. S. Elevation: _____
 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
 (Landowner if borehole is not for a water well)
 Owner Name Brad Alexander
 Mailing Address: SAME
10135 HY 35
Batesville MS 38606
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 34° 08' 44" Longitude: 90° 11' 34"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 9 Twn 26N Rng 01E
 Distance Direction Nearest Town
8 Miles SW of Crowder

Well / Borehole Data
 Date drilling started: 7/14/17 Date drilling completed: 7/16/17 Hole depth: 105 Hole diameter: 24
 Location of the source of any surface water used for drilling: Nearest well
 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: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
 If drilling is not related to water well construction, skip the remainder of this block

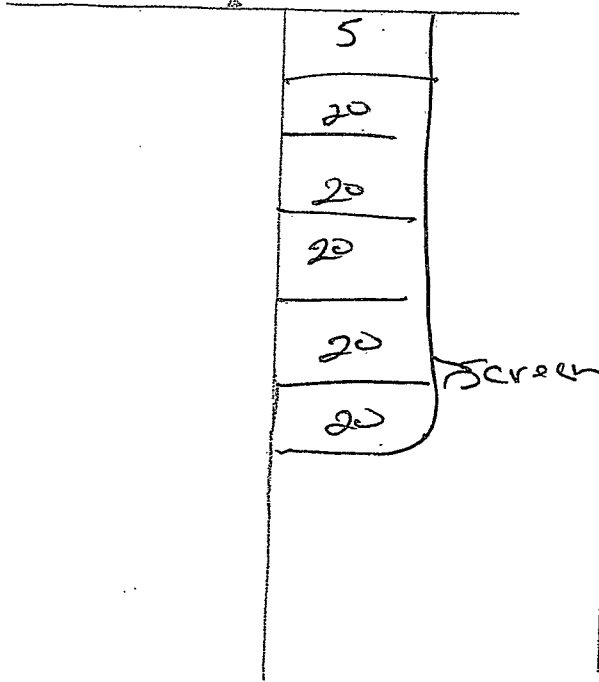
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 SEP 07 2017
 BY OLWR

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 25 feet above or below (circle one) land surface Date measured: 7/16/17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 65 feet to 20 105 feet
 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 next page

The sketch below only required for water wells

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)
Dirt	Ground Level	0-10
Dirt	10	20
Sand	20	30
Sand	30	40
Sand Gravel	40	50
Sand Gravel	50	60
Coars Sand	60	70
Coars Sand Gravel	70	80
Gravel	80	90
Coars	90	100
Gravel	100	105

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.

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Landowner Name: Brad Alexander

Form: OI.WR-SWR-1A (04/08)

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.

TEDDY Coats # 5318

7/16/17

Teddy Coats

Print Name of Responsible Licensee and License No.

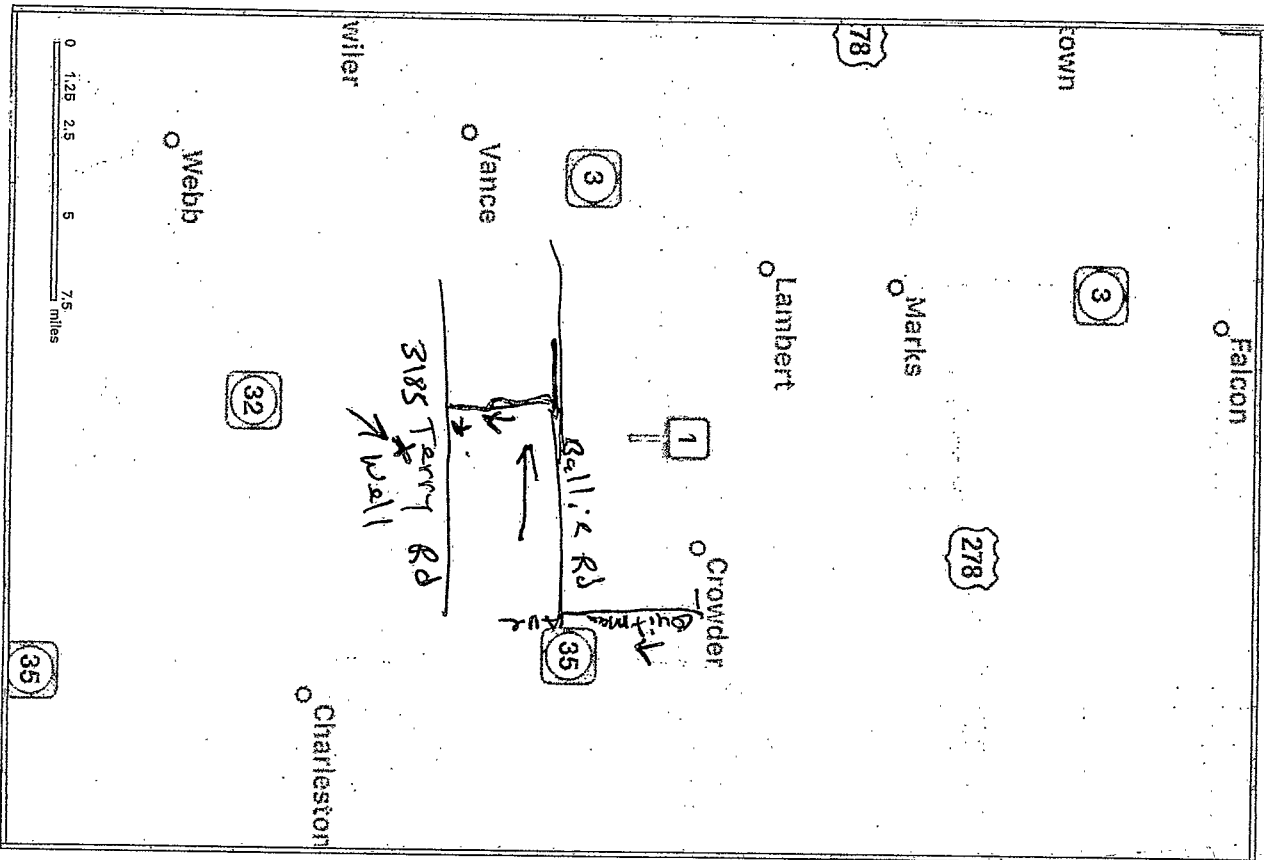
Date

Signature of Licensee

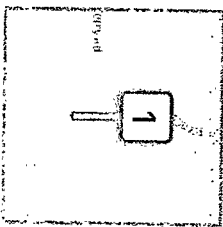


34 08 44n 90 11 34w
near Lambert

M75



07
BY OLIVE



3185 Terry Rd
3185 Terry Rd

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Quitman
 Permit #: MS 6W-49989
 Driller: TEDDY COATS
 Date completed: 7/16/17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M75
 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: <u>Brad Alexander</u>	Latitude: <u>34 08 44</u> Longitude: <u>90 11 34</u>
Mailing Address: _____ <u>1035 Highway 35</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Batesville MS 38606</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 9 T 26N R 01E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6 Miles SW of Crowder</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>BY OLIVER</u>
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>7/16/17</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/16/17</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet <input checked="" type="radio"/> <u>Below</u> Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet <input checked="" type="radio"/> <u>Below</u> Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>900</u> GPM with a drawdown of
Test Pumping Rate: <u>900</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TEDDY COATS #5318 Print Name of Pump Installer and License No. (if applicable) Teddy Coats Signature of Pump Installer