North	STATE WELL REPORT	For Office Use Only: Well#: ビレ3
County: Yazoo Permit #: GW-47795 Driller: Irrigation Equipment Date drilling completed: 01/31/2014	Part 1 Driller's Log Mississippi Department of Environmental Quali Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309	Aquifer
	(601) 961-5210 (601) 360-0535 (fax)	
	prepared by the license holder responsible hin 30 days of completion of drilling of the	
Well Owner Informatio (Landowner if borehole is not for a	on Well or	Borehole Location
Owner Name: Althea Partridge	Latitude: <u>32 50' 22.9 N</u>	Longitude: 90 39' 49.7 W
Mailing Address: P.O. Box 35	Method of Lat/Long (check	k one): 🔲 Conventional Survey,
	USGS quad, 🛛 Hand-	held GPS, 🔲 Survey-grade GPS
Silver City Ms City State	39166 <u>NW</u> ½ <u>SW</u> Zip code CF.	¼, Sec <u>36</u> T <u>12 N</u> R <u>5 W</u>
Telephone No. () -	2 Miles No	rtheast of Holly Bluff irection) (Nearest Town)
	Well / Borehole Data	
Date drilling started: 01/31/2014 Date	e drilling completed: 01/31/2014 Hole depth:	125 Hole diameter: 24"
Location of the source of any surface water	used for drilling: Surface Water	
Method of dosing and volume of Chlorine us		
THE REAL OF A COMPANY AND A COMPANY OF A COM		
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Logs run (check all applicable): 🛛 No log ru	un 🗌 Electric 🗋 Gamma Ray 🗍 Density 🗌 Sonia	c 🗌 Neutron 🗋 Other:
Logs run (check all applicable): 🛛 No log ru Name of organization running log(s):	un 🗌 Electric 🗌 Gamma Ray 🗌 Density 🗌 Sonie	
Logs run (check all applicable): X No log ru Name of organization running log(s): Purpose of borehole (check one): X Wate	un Electric Gamma Ray Density Sonic Geotechnical/Geological Investigatio	
Logs run (check all applicable): X No log ru Name of organization running log(s): Purpose of borehole (check one): X Wate C Seis	un 🗌 Electric 🗋 Gamma Ray 🗍 Density 🗌 Sonio er Well 🔹 Geotechnical/Geological Investigations smic Survey 👘 Other (describe)	on Ground Source Heat Pump
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Logs run (check all applicable): 🛛 No log ru Name of organization running log(s): Purpose of borehole (check one): 🖾 Wate 🗌 Seis <i>If drilling is not relate</i> Purpose of Well (check all applicable): 🗍 He Other (describe): If a flowing well, method of flow regulation: Static Water Level: 20' feet Method of Measurement (check one) 🖾 Ste	un Electric Gamma Ray Density Sonic er Well Geotechnical/Geological Investigatio smic Survey Other (<i>describe</i>) ed to water well construction, skip the remain ome Industrial Public Supply Irrigation Valve Other (describe) t [above or below] land surface Date n (check one)	on Ground Source Heat Pump inder of this block Fish Culture neasured: 01/31/2014 cribe)
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County:	Yazoo
Permit #:	GW-47795

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Well #:	E	63
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The sketch below only required for water wells

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If well telescopes, show depths on sketch.

Ground level

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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)
Clay	Ground level	45
Fine Sand	46	55
Course Sand	56	65
Course Sand & Gravel	66	125
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If more than one screen, show location of each on sketch

Sketch the property I	ayout and include the following:		
1) the well locat			
2) any permane	nt structures on the property that ma	ay aid in locating the w	ell
3) any roads, po	wer lines, or other items that may a	id in locating the prope	erty and the well
4) a north arrow			
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			RECEIVED
			A R Agence States of Contrast
			11日 道に 住立
			BA: OTMB
			DI. VI.
Landowner Name:	Althea Partridge		
	that the well/herehole was drilled a	anatrustad and same	Form: OLWR-SWR-1A (04/08) etet in accordance with all applicable
			lissi sippi Department of Health regulations,
if applicable, and stat			and the second s
Patrick Chism	0695	02/20/2014	1a/
	Insible Licensee and License No.	Date	Signature of Licensee

Form: OLWR-SWR-1A (4/13)

	STATE WE		Г				Only:
County: Yazoo		rt 2		Well #:	E	42)
Permit #: GW-47795	Pump Installer's Mississippi Department						
Driller: Irrigation Equipment	Office of Land and	d Water Resource		Aquifer:			
Date drilling completed: 01/31/2014	-	ox 2309 S 39225-2309					
Copy information from block on Part 1	(601) 9	61-5210					
	(601) 360	-0535 (fax)					
This part of the report must be completed of the report must be attached and both p							
Weil Owner Information		eni la inc usore un		Location		u conpe	C11071
Owner Name: Althea Partridge	L	atitude: 32 50' 22	2.9 N	_ Longitu	de: _	0 39' 49	0.7 W
Mailing Address: P.O. Box 35		lethod of Lat/Long ((check on	<u>م</u> . ا	Conve	ntional S	
		letion of Lastong	CHECK ON	е). Ц	501146		divey,
	C] USGS quad, 🛛 I	Hand-held	I GPS, 🗌	Surve	ey-grade	GPS
Silver City Ms	39166	<u>NW</u> 1/	. <u>SW</u> % , :	Sec <u>36</u> T <u>:</u>	<u>12 N</u>	२ <u>5 W</u>	
City State			SE	_			
Telephone No. () -		<u>2</u> Miles (Distance)	Direct	east of		Holly E Nearest T	
			IDilati		(vearest 1	
	Pump Type (c	heck one)					
□ Submersible ☑ Turbine □ Air Lift □ C			-	-			
	Rate	d Pump Capacity:	2500+/-		(Gallons P	er Minute
Is This Pump (check one): 🛛 New 🗋 Re	paired C Replacement						
		healt anal					
	Power Type (a	-					
🗆 Electric 🛛 Diesel 🗖 Gasoline 🗖 Natur	Power Type (d	Vindmill 🗌 Other (d					
	Power Type (d	Vindmill 🗌 Other (d			Stages	: 1	
🗆 Electric 🛛 Diesel 🗖 Gasoline 🗖 Natur	Power Type (c al Gas	Vindmill 🗌 Other (a			Stages	: _1	
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BY: OLMP