

County: Benton  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 2-29-06

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39219-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-32  
 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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Southern Home</u>  | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>420 East 4th Ave</u>  | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Holly Springs Ms. 38635</u>  | <u>1/4 Sec 12 Twn 35 Rng 1W</u>  |
| City State Zip Code   | Distance Direction Nearest Town  |
| Telephone No. <u>(662) 252-3477</u>   | <u>4 1/2 Miles West of Ashland</u>   |

**Well / Borehole Data**

Date drilling started: 7-29-06 Date drilling completed: 7-29-06 Hole depth: 225' Hole diameter: 8"

Location of the source of any surface water used for drilling: Well Water

Method of casing and volume of Chlorine used in drilling and development: 1/2 lb chlorine to 1000 Gall Water

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, ship the remainder of this block.*

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: 140 feet above (or below) (circle one) land surface Date measured: 7-29-06

Method of Measurement (circle one):  Steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 225' Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 215 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 215 feet to 225 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 separate sheet.*

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# 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 39289-9631  
(601)961-5210  
(601)354-6938 (fax)

County: Benton  
Permit #: 0-162  
Driller: Larry Carpenter  
Date completed: 7-29-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-32  
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>Southern Home</u>              | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>420 East Van Horn Ave</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Holly Springs Ms. 38635</u>                | _____ 1/4 _____ 1/4 Sec <u>12</u> T <u>35</u> R <u>1W</u>   |
| City State Zip Code                           | Distance Direction Nearest Town   |
| Telephone No. <u>(662) 252-3497</u>           | <u>4 1/2</u> Miles <u>West</u> of <u>Oshtemo</u>  |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>3/4</u>                          |
| Date Pump Installed: <u>7-29-06</u>                       | Setting Depth: <u>160</u> feet                                   |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute         | Number of Stages: <u>11</u>                                      |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                |
|---|--|
| Date Well Tested: _____                                     | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>140</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>145</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                          |
| Drawdown [(B)-(A)]: <u>5</u> Feet Below Land Surface        | Well yielded <u>14</u> GPM with a drawdown of                                |
| Test Pumping Rate: <u>14</u> Gallons Per Minute             | <u>5</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.

LARRY CARPENTER 0-162 Larry Carpenter  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B  
AUG 25 2006  
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