

County: Boston
 Permit #: 0-162
 Driller: Larry Casper
 Date drilling completed: 8-13-07

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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G-36
 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)	Well or Borehole Location
Owner Name: <u>Southern Homes</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>P.O. Box 5172</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs Ms. 38634</u> City State Zip Code	<u>4</u> N <u>14</u> W <u>35</u> Rng <u>1W</u>
Telephone No. <u>(662) 252-3497</u>	Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Green Lake Spout</u>

Well / Borehole Data

Date drilling started: 8-13-07 Date drilling completed: 8-13-07 Hole depth: 200' 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: 2.2 lbs Chlorine to 100' of 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 drilled it was related to water well construction, skip 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: 150 feet above or below (circle one) land surface Date measured: 8-13-07

Method of Measurement (circle one): steel tape electric tape air line other: _____

Well depth: 200' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 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 190 feet to 200 feet

Type of completion (circle all applicable): Gravel packed Underdrilled Telescoped Open hole Natural Development

Other (describe): _____

Top of log pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Municipal Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6596 (fax)

County: Barton
 Permit #: 0-162
 Installer: Larry Carpenter
 Date completed: 8-13-07
 (See instructions form linked on Part 1)

For Office Use Only:

Appl#:
 Well #: G-36
 Meter#:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 2 of the report must be attached and left with the Permittee at the close of the well, within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Southon Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5172</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs Ms. 38634</u>	UBS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>N 14 T 35 R 1W</u>
Telephone No. <u>(662) 252-3497</u>	Distance Direction Nearest Town <u>1 mile West of Stone Lake Shore</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor: <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO
Countdown: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Exact Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-13-07</u>	Setting Depth: <u>170</u> feet
Exact Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-13-07</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>154</u> Feet Below Land Surface	For flowing well, measured static in inch _____ feet
Drawdown (B)-(A): <u>4</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>4</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

Form OLWR-SWR-1B

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