m 100	Part 1 – Driller's Log		For Office Use Only:		
County: Mushell		of Environmental Quality	Aquifer:		
Permit #: 6-162 Driller: Lang Capserte		nd Water Resources	Well #: E- Q(0		
- Lang Consenter	i	ox 10631			
Driller:	9	S 39289-0631	L. S. Elevation:		
Date drilling completed: 8-17-05	, , ,	961-5210	E-log #:		
	(601)354-6938 (f		E-10g #:		
State I on requires that this renal	rt he nrenared hv the lice	ense holder responsible for t	he work and filed with the		
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)		Latitude: 34.55,39 " Longitude: 69.39,46			
Owner Name Orderson Hor	e LLC	Laurum.			
,		Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: 115 East Van Don am		USGS quad, Hand-held GPS, Survey-grade GPS			
		55 4 N W 4 Sec 7 Twn 25 Rng 4 W/			
Hally Springe might	L. 38635	20 74 1 V 1 74 SEC	I WIL KING /		
City Sta	te Zip Code	Distance Direction	of Sylala		
Telephone No. (66) 252_	3500	4 Miles Kull	of Typela		
Telephone No. (662)					
Well / Borehole Data					
Date drilling started: 8-17.05 Date drilling completed: 8-17-05 Hole depth: 100 Hole diameter: 8					
The second of any surface wat	er need for drilling:	Well Water	_ , , , ,		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Y2 PL Chlorine to 1000 Well. 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 X Geotechnical/Geological Investigation Ground Source Heat Pump					
Scismic Survey Other (describe) If drilling is not 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: 30 feet above or below (circle one) land surface Date measured: 8-17.05					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix					
Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: / U feet Screen diameter: inches Type of screen: PVC					
Screen slot size:					
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					

State Well Report

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Form: OLWR-SWR-1A

For Office Use Only:

SEP 07 2005

BY: OLWR

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)	[o (depth)
	Ground Level	
Surface Soil	0	15
While Clay	/ \$	24
1. The Fine Soul		
While Time Soul	24	60
White Clay	60	72
arras -		
White Come Soul	72	100
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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 perman aid in locating the well; 3) any roads, power lines, or other items that may a	ent structures on the property that may aid in locating the property and the well;
Sketch the property layout and include the following: 1) the well location; 2) any perman aid in locating the well; 3) any roads, power lines, or other items that may a 4) a north arrow. Byfalia House Lightpule House Lightpule House Lightpule House	nent structures on the property that may aid in locating the property and the well;
Landowner Name: Arkerson Homes LLC	

Form: OLWR-SWR-1A 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

Print Name of Responsible Licensee and Licensee No. Date

Signature of Licensee RE

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BY: OLWR

STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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: arkerson Homes LLC Longitude:_ Method of Lat/Long (check one): Conventional Survey____, USGS quad . Hand-held GPS . Survey-grade GPS 4 4 Sec 7 T 2 5 R 4 W Direction Nearest Town Distance Telephone No. (662) 252 - 3500 4 Miles houth of By Pump Type Power Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Electric Motor Piston Tractor PTO Bucket Turbine Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): _ Horse Power Rating of Motor: 8-17-05 Date Pump Installed: Setting Depth: / Z____Gallons Per Minute Rated Pump Capacity: ____ Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: 8-17-05 Circle one Air Line Steel Tape **Electric Measuring Line** Static Water Level (A): ______ Feet Below Land Surface Other (specify): Pumping Water Level (B): 35 Feet Below Land Surface Feet Below Land Surface Drawdown [(B) - (A)]: _____ For flowing well, measured shut in head: ______feet 7 GPM with a drawdown of Gallons Per Minute Test Pumping Rate: ___ 4 ____hours of pumping Duration of Pump Test (minimum 4 hours): ____ / hours

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

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

om: RECEIVED

Signature of Pump Installer

SEP 07 2005

BY: OI WP