

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Cozart  
 Date drilling completed: 1-27-06

**State Well Report**  
**Part I - 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 #: E-142  
 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: Anderson Horra LLC  
 Mailing Address: P.O. Box 539  
Holly Springs Ms. 38635  
 City State Zip Code  
 Telephone No. (662) 252-3500

**Well or Borehole Location**  
 Latitude: 34.53.06 Longitude: 89.36.56  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW  $\frac{1}{4}$  NW  $\frac{1}{4}$  Sec 27 Twn 25 Rng 4W  
 Distance 4 Miles North of Victoria

**Well / Borehole Data**  
 Date drilling started: 1-27-06 Date drilling completed: 1-27-06 Hole depth: 120' Hole diameter: 8"  
 Location of the source of any surface water used for drilling: Well Water  
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 Pt. chlorine to 1000 Gal. 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, 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: 65' feet above of below (circle one) land surface Date measured: 1-27-06  
 Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement Bentonite Mix  
 Casing length: 110 feet Casing diameter: 4 in inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4 in inches Type of screen: PVC  
 Screen slot size: .013 inches Setting depth: From 110 feet to 120 feet  
 Type of completion (circle all applicable):  Gravel packed Undreamed 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*

Form: OLWR-SWR-1A

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

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 1-27-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-142  
 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>Anderson Homes LLC</u> Mailing Address: <u>P.O. Box 539</u> <u>Holly Springs Ms. 38635</u> <small>City State Zip Code</small> Telephone No. <u>(662) 252-3580</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>1/4</u> _____ <u>1/4</u> Sec. <u>27</u> T <u>25</u> R <u>4W</u> Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Victoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-27-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5/4</u> Setting Depth: <u>100</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-27-06</u> Static Water Level (A): <u>65</u> Feet Below Land Surface Pumping Water Level (B): <u>70</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>16</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>16</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping

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)

Larry Carpenter  
 Signature of Pump Installer

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 Form: OLWR-SWR-1B  
 FEB 24 2006  
 BY: OLWR