

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 4-22-06

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-147
 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 Homes 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°55'53" Longitude: 89°40'04"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 NW ¼ NW ¼ Sec: 7 Twn: 25 Rng: 4W
 Distance Direction Nearest Town
4 Miles North of Bygdala

Well / Borehole Data
 Date drilling started: 4-22-06 Date drilling completed: 4-22-06 Hole depth: 90' 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 Gas 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 _____
 Scientific 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: 4-22-06
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Well depth: 90' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 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 80 feet to 90 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 next page.*

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 BY: OLWR

E-147

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

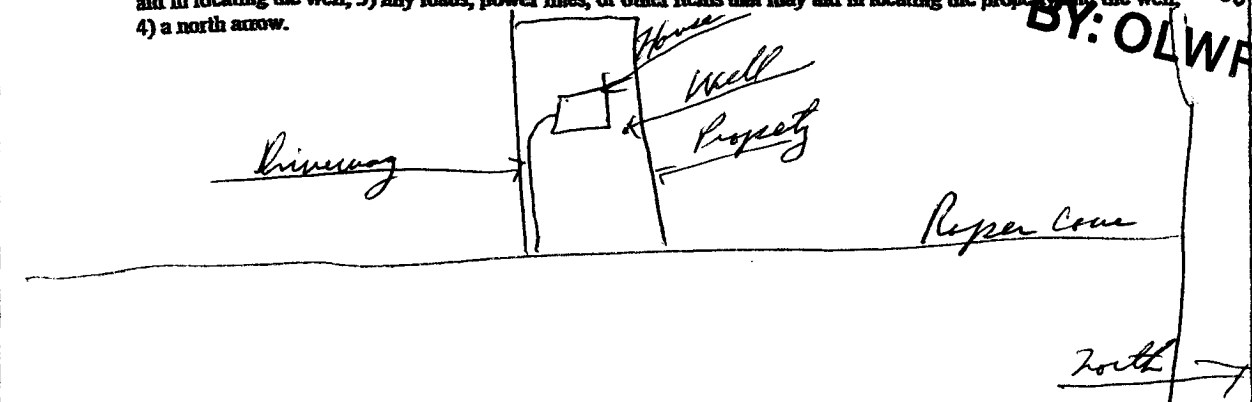
Ground Level \rightarrow

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Super Soil	0	17
Med Red Sand	17	44
Med White Sand	44	60
White Clay	60	62
White Coarse Sand	62	90

If more than one screen, show location of each on sketch

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Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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BY: OLWR

Landowner Name: Anderson Homes LLC

Lea Creek Rd.

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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 laws.

LARRY CARPENTER 0162 4-25-06 Larry Carpenter

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Meridian
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 4-22-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-147
 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</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 539</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Holly Springs</u> <u>Ms.</u> <u>38635</u>	_____ 1/4 _____ 1/4 Sec. <u>7</u> T <u>25</u> R <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252-3500</u>	<u>4</u> Miles <u>South</u> of <u>Bygdala</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> 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>4-22-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-22-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>34</u> Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B)-(A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</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