

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 10-20-06

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-162
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Anderson Homes</u> Mailing Address: <u>P.O. Box 539</u> <u>Holly Springs Ms. 38635</u> City State Zip Code Telephone No. <u>(662) 252-3500</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34-55-58</u> Longitude: <u>89-40-13</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW, NW</u> Sec: <u>7</u> Twp <u>25</u> Rng <u>4W</u> Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Bygdah</u></p>
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Well / Borehole Data

Date drilling started: 10-20-06 Date drilling completed: 10-20-06 Hole depth: 85' 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: 26 feet above or below (circle one) land surface Date measured: 10-20-06

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

Well depth: 85' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 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 75 feet to 85 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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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: 10-20-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-162
 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

Owner Name: Orshon Homes LLC
 Mailing Address: P. O. Box 539
7thly Springs MS 38635
 City State Zip Code
 Telephone No. (662) 252-3500

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 7 T 25 R 4W
 Distance Direction Nearest Town
4 Miles North of Bayou La Porte

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-21-06
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 3/4
 Setting Depth: 60 feet
 Number of Stages: 11

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 26 Feet Below Land Surface
 Pumping Water Level (B): 30 Feet Below Land Surface
 Drawdown [(B)-(A)]: 4 Feet Below Land Surface
 Test Pumping Rate: 17 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 17 GPM with a drawdown of
4 feet after 4 hours of pumping

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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