

County: Marshall
 Permit #: 0-162
 Driller: Long Corpeste
 Date drilling completed: 11-9-06

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10651
 Jackson, MS 39289-0651
 (601) 967-5210
 (601) 554-6938 (fax)

For Office Use Only:
 Acquirer: _____
 Well #: E-167
 L. S. Elevator: _____
 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 (Licensee of borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Anderson Homes LLC</u>	Latitude: <u>34-52-25</u> Longitude: <u>89-33-57</u>
Mailing Address: <u>P.O. Box 539</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs</u> <u>Ms.</u> <u>38635</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 NE 1/4 Sec. 36 Twp 25 Rng 4W</u>
Telephone No. <u>(662) 252-3500</u>	Distance Direction Nearest Town <u>2 1/2 Miles North of Red Bank, Ms.</u>

Well / Borehole Data

Date drilling started: 11-9-06 Date drilling completed: 11-9-06 Hole depth: 95' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____

Method of casing and volume of Chlorine used in drilling and development: Well Water
1/2 lb. Chlorine to 1000 Gal Water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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: 55 feet above or below (circle one) land surface Date measured: 11-10-06

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

Well depth: 95' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 85 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 85 feet to 95 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 each screen*

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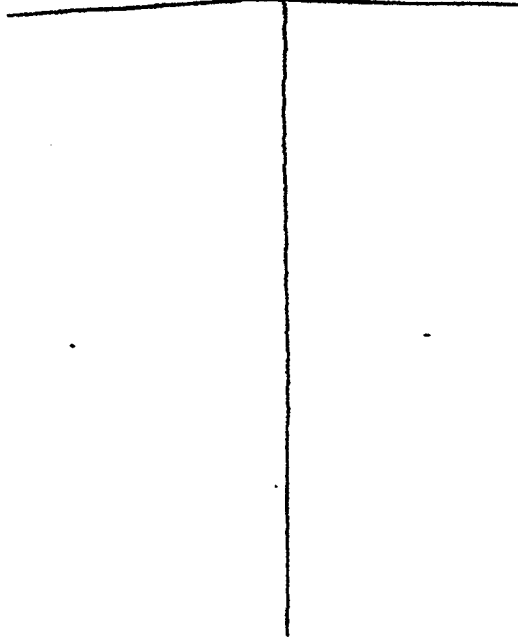
Form: OLWR-SWR-106 DEC 8 2006

BY: OLWR

E-167

The sketch below only requires for water wells

If well telescopes, show depths on sketch.
 Ground Level

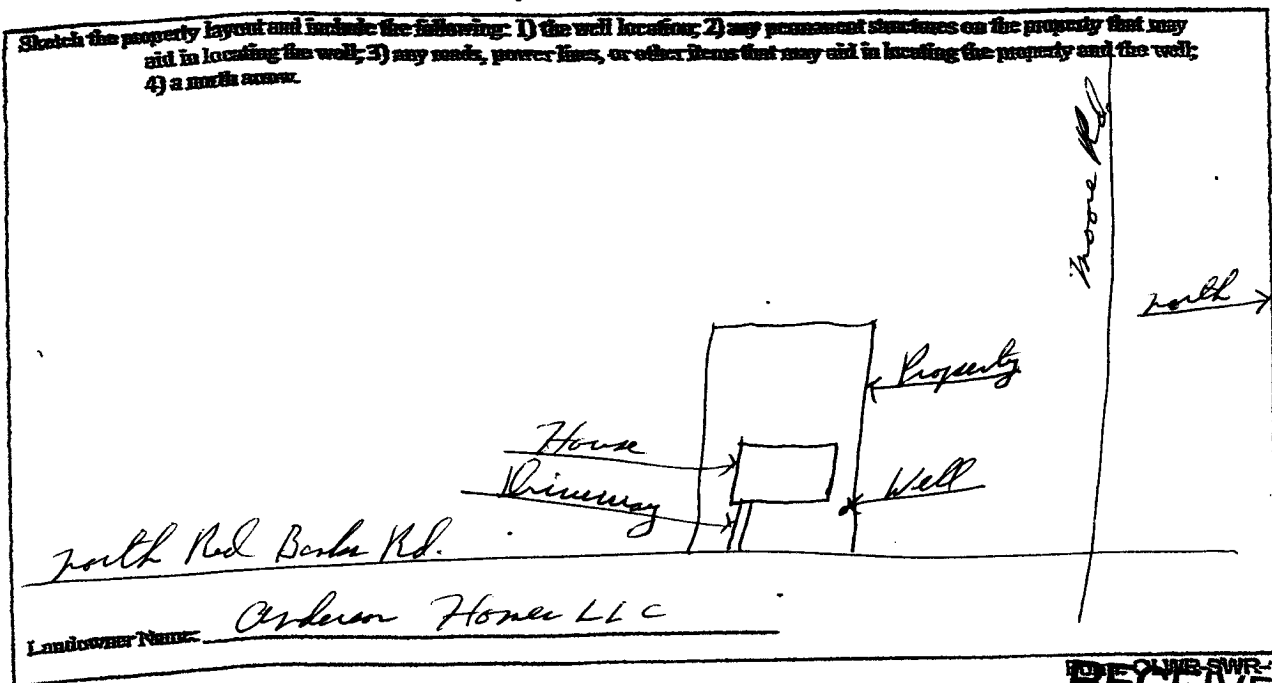


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Surface Soil	0	20
Med. Red Sand	20	35
Med White Sand	35	48
White Clay	48	60
White Coarse Sand	60	95

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 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.



Landowner Name: Anderson Homes LLC

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable regulations of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. LARRY CARPENTER 0162 Date 11-15-06

Signature of Licensee Larry Carpenter
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 BY: OLWR

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: 11-10-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-167
 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 Homer</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>	_____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Sec <u>36</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>2 1/2</u> Miles <u>South</u> of <u>Red Banks</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Plunger Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>3/6</u>
Date Pump Installed: <u>11-10-06</u>	Setting Depth: <u>75</u> feet
Rated 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>11-10-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>58</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</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>3</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

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