

County: Marshall  
 Permit #: 0-162  
 Driller: Long Carpente  
 Date drilling completed: 11-13-06

**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) 534-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-168  
 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><b>Information on Well Owner</b>          (Licensee of borehole is not for a water well)          Owner Name: <u>Redusor Homes LLC</u>          Mailing Address: <u>P.O. Box 539</u>  <u>Holly Springs</u> <u>Ms</u> <u>38635</u>          City State Zip Code          Telephone No. <u>(662) 252-3500</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>34-52-23</u> Longitude: <u>89-33-56</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 NE 1/4 Sec 36 Twp 25 Rng 4W</u>          Distance Direction Nearest Town  <u>1 1/2 Miles North of Red Bank</u></p>
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**Well / Borehole Data**

Date drilling started: 11-13-06 Date drilling completed: 11-13-06 Hole depth: 130' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of casing and volume of Casing used in drilling and development: Well Water  
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 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: 75 feet above or below (circle one) land surface Date measured: 11-13-06

Method of measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix \_\_\_\_\_

Casing length: 120 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 120 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Unconsolidated Telescoped Open hole Natural Development \_\_\_\_\_

Other (describe): \_\_\_\_\_

Top of top pipe or restriction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe as follows: \_\_\_\_\_

**RECEIVED**  
 Form: OLWR-SWR-1A  
 DEC 01 2006  
 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: 11-13-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-168  
 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>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 535</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Holly Springs Ms. 38635</u>	_____ 1/4 Sec. <u>36 T 25 R 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252-3500</u>	<u>2 1/2 miles north of Red Bank</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	House Power Rating of Motor: _____
Date Pump Installed: <u>11-13-06</u>	Setting Depth: <u>100</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: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>74</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>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</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