

County: Marshall
 Permit #: 0-112
 Driller: Larry Carpenter
 Date drilling completed: 5-11-07

**State Well Report
 Part 1 - 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 #: C-183
 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>DePue Home LLC</u> Mailing Address: <u>P.O. Box 539</u> <u>Holly Springs, NC 27555</u> City State Zip Code Telephone No. <u>(66) 252-3500</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34-52-28</u> Longitude: <u>81-34-01</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 1/4 NE 1/4 Sec. <u>36</u> Twn <u>25</u> Rng <u>4W</u> Distance Direction Nearest Town <u>2 1/2</u> Miles <u>South</u> of <u>Rob. Bunker</u></p>
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Well / Borehole Data

Date drilling started: 5-11-07 Date drilling completed: 5-11-07 Hole depth: 125' 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 lb chlorine to 100.0 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: 80 feet above or below (circle one) land surface Date measured: 5-12-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .015 inches Setting depth: From 115 feet to 125 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*

Form: OLWR-SWR-1A

SP 11/20/07
 01/20/08
 8/1/08

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)354-6934 (fax)

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 5-12-07
Give information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-183
 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</u> <u>MS</u> <u>38635</u> <small>City State Zip Code</small> Telephone No. <u>(662) 252-3500</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>36</u> T <u>25</u> R <u>4W</u> Distance Direction Nearest Town <u>2 1/2</u> Miles <u>South</u> of <u>Red Bank</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-12-07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</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>5-12-07</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>85</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u> 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 Larry Carpenter
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer