

**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)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 6-14-07

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: E-189  
 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 of the above address within 30 days of completion of drilling of the well or borehole.

<p><b>Information on Well Owner</b>                  (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Anderson Home 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></p> <p>Latitude: <u>34-55-49</u> Longitude: <u>89-39-59</u>                  Method of Lat/Long (circle one): <u>Conventional Survey</u>                  USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec. <u>7</u> Twp <u>25</u> Rng <u>4W</u>                  Distance <u>4</u> miles <u>North</u> of <u>Hydalia</u></p>
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**Well / Borehole Data**

Date drilling started: 6-14-07 Date drilling completed: 6-14-07 Hole depth: 85' Hole diameter: 8"  
 Location of the source of any surface water used for drilling: Well Water  
 Method of casing and volume of Chlorine used in drilling and development: 1/2 Pt Chlorine to 100' Del 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: 25' feet above or below (circle one) land surface Date measured: 6-15-07  
 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 log pipe or reduction in casing: \_\_\_\_\_ feet *If telescoped or more than one screen, describe on next page*

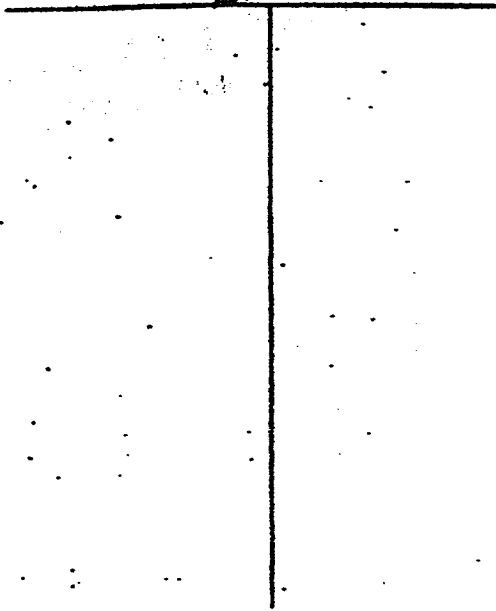
Form: OLWR-SWR-1A

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E-189

The sketch below only intended for water wells.

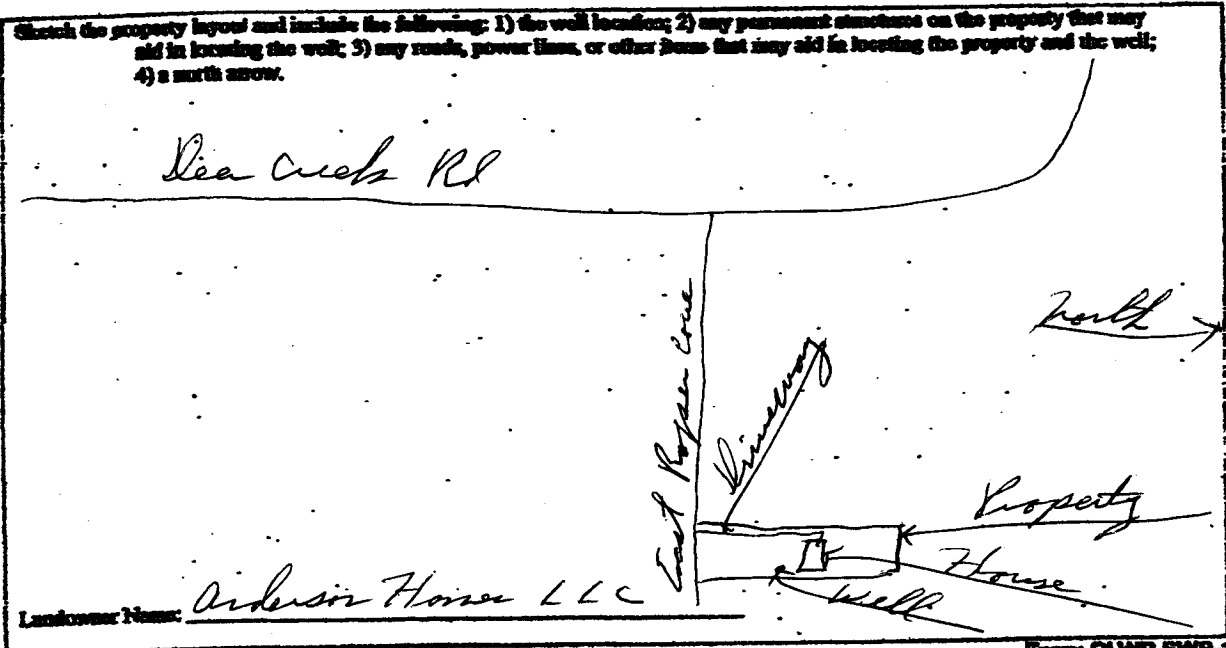
If well is shown, show depth on sketch.  
Ground Level RL



Description of Formations encountered must be recorded for all wells and formations unless specifically excluded by construction.

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	22
Red Red Soil	22	35
Red White Soil	35	42
White clay	42	50
White Green Soil	50	85

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



Form: OLWR-SWR-1A

I certify that the well/boreshole 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.

Print Name of Responsible Licensee and License No. LARRY CARPENTER 0-16 6-24-07

Signature of Licensee Larry Carpenter

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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)354-6331 (fax)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 6-15-07  
 (See information from block on Part 1)

For Office Use Only:

Acquire: \_\_\_\_\_  
 Well #: E-189  
 Elevator: \_\_\_\_\_

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 of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Anderson Home LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 539</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Hilly Springs Ms. 38635</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ N _____ W Sec <u>7 T 25 R 4 W</u>
Telephone No. <u>662 252-3500</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>North</u> of <u>Bygdonia</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Electric Motor <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Other (specify): _____
Date Pump Installed: <u>6-15-07</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Spring Depth: <u>60</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	Stair Tape <input checked="" type="checkbox"/>
Drawdown (B)-(A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>17</u> Gallons Per Minute	For flowing well, measured shut in level: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>17</u> GPM with a drawdown of _____ feet
	<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

Form OLWR-SWR-18

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