

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: 8-30-08

For Office Use Only:

Aquifer: _____
 Well #: F-142
 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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Edward Hughes</u>	Latitude: <u>34°54'22"</u> Longitude: <u>81°08'32"</u>
Mailing Address: <u>722 Leon Chapel Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs</u> <u>Ms.</u> <u>38635</u>	<u>SW 1/4 SW 1/4</u> Sec <u>26</u> Twn <u>25</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252-1571</u>	<u>5</u> Miles <u>South</u> of <u>Holly Springs</u>

Well / Borehole Data

Date drilling started: 8-30-08 Date drilling completed: 8-30-08 Hole depth: 150' 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 100 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: 110 feet above or below (circle one) land surface Date measured: 8-30-08

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

Well depth: 150' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 140 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 140 feet to 150 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

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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: 8-30-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-142
 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: Edward Hughes
 Mailing Address: 722 Gen Chapel Rd
Holly Springs NC 27835
 City State Zip Code
 Telephone No. (662) 252-1571

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 26 T 25 R 3W
 Distance Direction Nearest Town
5 Miles North of Holly Springs

Pump Type
Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 8-30-08
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor PTO

Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: 120 feet
 Number of Stages: 11

Pump Test Data

Date Well Tested: 8-30-08
 Static Water Level (A): 110 Feet Below Land Surface
 Pumping Water Level (B): 116 Feet Below Land Surface
 Drawdown [(B) - (A)]: 6 Feet Below Land Surface
 Test Pumping Rate: 15 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line	Electric Measuring Line	<u>Steel Tape</u>
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 15 GPM with a drawdown of
6 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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The sketch below only required for water wells

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

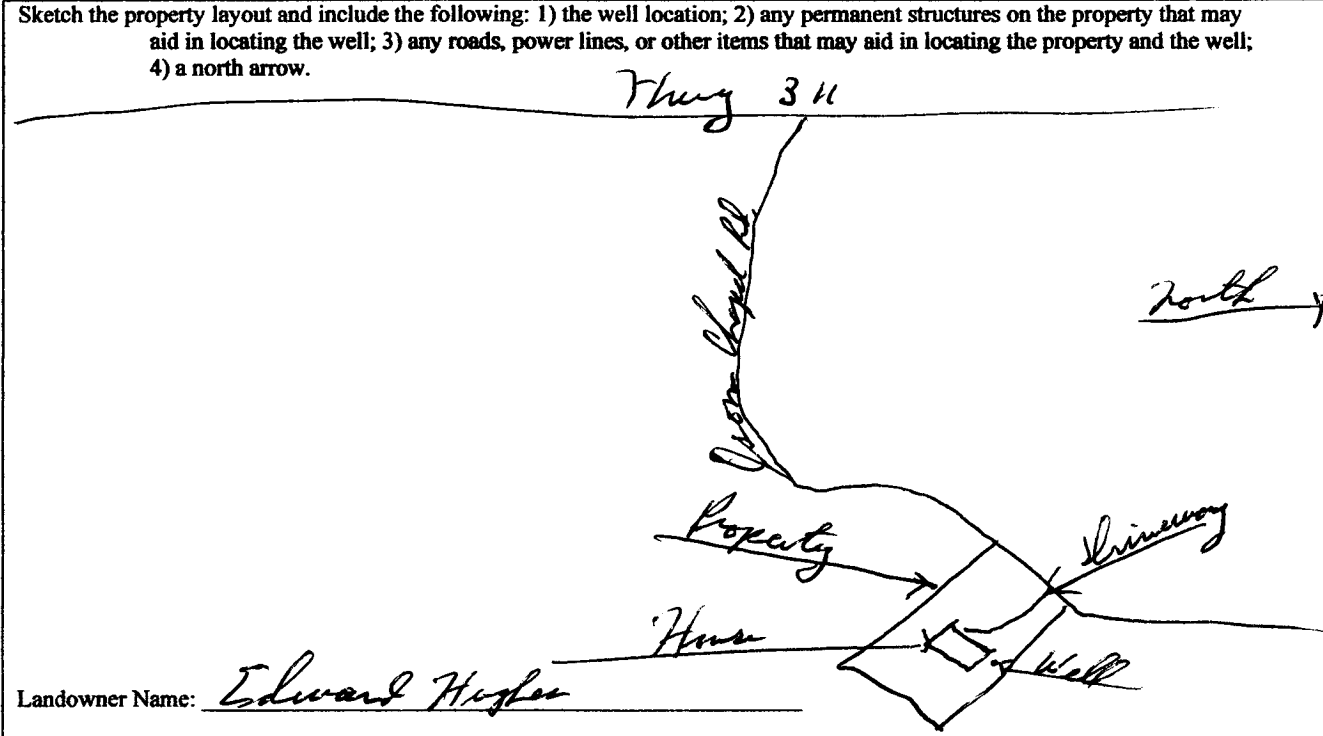
If well telescopes, show depths on sketch.

Ground Level _____

Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	0	21
Med Red Sand	21	43
Med White Sand	43	65
White Clay	65	82
Med. White Sand	82	110
Coarse White Sand	110	150

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.



Form: OLWR-SWR-1A

I certify that the well/borehole 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 0-162

Date 8-30-08

Signature of Licensee Larry Carpenter

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