

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 4-28-07

**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: F155  
 Well #: B-64  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Southern Home</u>	Latitude: <u>34° 55' 43"</u> Longitude: <u>89° 29' 52"</u>
Mailing Address: <u>P.O. Box 5172</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>38634</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>10</u> Twn <u>152S</u> Rng <u>3W</u>
City State Zip Code	Distance <u>1 1/2</u> Miles Direction <u>South</u> of Nearest Town <u>Mt. Pleasant</u>
Telephone No. <u>(662) 252-3497</u>	
Well / Borehole Data	
Date drilling started: <u>4-28-07</u> Date drilling completed: <u>4-28-07</u> Hole depth: <u>150'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>Well Water</u> <u>1/2 pt Chlorine to 1000 Gal. Water</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>4-28-07</u>	
Method of Measurement (circle one) <u>Steel tape</u> electric tape air line other: _____	
Well depth: <u>150'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>140</u> feet to <u>150</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

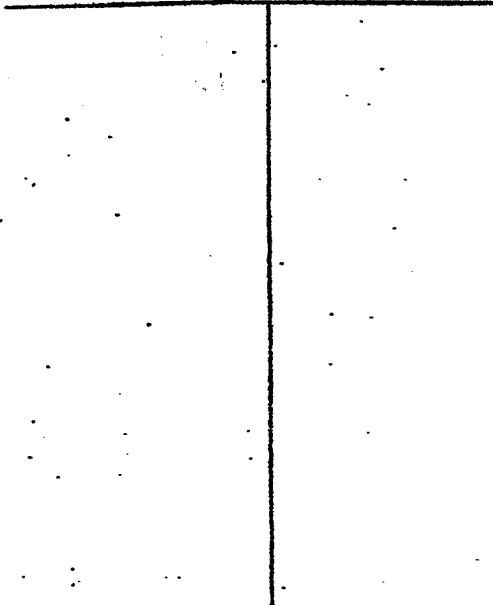
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B-64  
F155

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level  $\overline{\hspace{2cm}}$

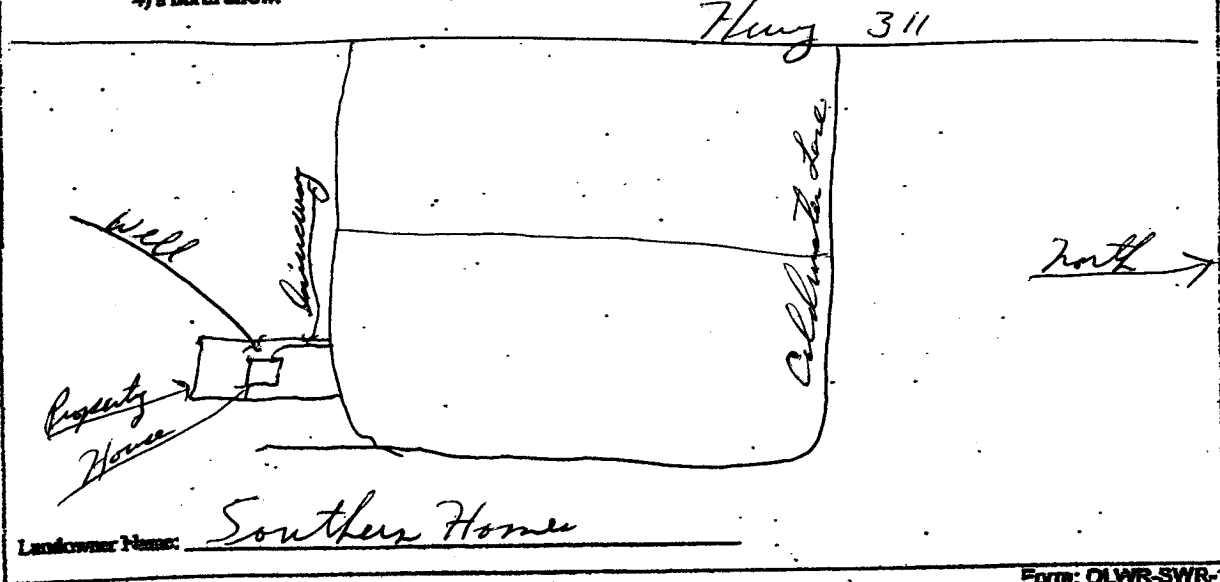


Description of formations encountered must be provided for all wells and boreholes unless specifically exempted by regulation

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	20
red Red Soil	20	45
red White Soil	45	70
White Clay	70	92
red White Soil	92	110
White Course Soil	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.



Landowner Name: Southern Home

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.

LARRY CARPENTER 0-162 4-30-07      Larry Carpenter  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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: Walthall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 4-28-07  
*Give information from block on Part 1*

For Office Use Only:

Aquifer: F155  
 Well #: B-64  
 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>Southern Homes</u> Mailing Address: <u>P.O. Box 5172</u>  <u>Holly Springs, MS 38634</u> <small>City State Zip Code</small> Telephone No. <u>(662) 252-3497</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>10</u> T <u>15</u> R <u>3W</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>South</u> of <u>Mt. Pleasant</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4-28-07</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"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>110</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-28-07</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>94</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>15</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"/> <u>Steel Tape</u> <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>4</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  
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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